070183 1- FOR Helieve, gom-

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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									KL!	0.140.					
		CEASED NAME	FIRS1	•	MIDDLE	L	AST		20. DATE OF DEAT	TH MOI	HTM	DAY	YEAR	26 HOUR	
	, in		JOHN			HELET	NE			2	2 1	9	86	4:55p	м
	3. SEX			4. RACE	-	5 DATE C		77	6. AGE (IN YEARS LA	ST BIRTHD	AY)	IF UNDE	R I YEAR	IF UNDER 24 HE	_
	-//-	Male		Whit	е	2	22	21	64		YRS	MONTHS	DATS	HOURS MI	٧.
1		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER M	APPIED K	9 BALTIMORE CE	TY <u>OR</u> C	COUNT	Y OF DE	ATH		
1		Marylan	d	U.	S.	WIDOWE		ORCED	BALTIM	ORE	CIT	Y			MD.
L. N. L		TY OR TOWN OF DEA BALTTMORE	đΗ	(IF NOT IN SU	HOSPITAL, NURSII	T ADDRESS)	OR OTHER INST	TUTION	120 USUAL OCCU	AOST OF WE			KIND OI USTRY	F BUSINESS C	OR
5	USUA	AL RESIDENCE (IF NURS	13b COUP		13c. CITY OR TOV Balto.		13d, INSIDE CH	TY LIMITS?	136.STREET ADDRI				t. 2	1230	
0		THER'S NAME FIRST		MIDDLE	Heleine		15 MOTHER'S	IRST	ME	DLE		Woo	ı AST	m	
1		VAS DECEASED EVER YES, NO OR UNKNOWN) Yes	(IF YES GIV	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECTION 220-07-4		Ms. G	race C		DDRESS	1/3	31 S		arles	St
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	ily one cause per D BY TE CAUSE (a)	line fazai, (b), ai	nd (c). /	ry A	rvest					APPROXU	MATE INTERVAL ONSET AND DEAT	н
		Conditions, if any,	which		R AS A CONSEQU	IENCE OF	nceph	alop	athy					12044	13
		gove rise to imm cause (a), statin underlying cause	g the	DUE TO, O	RAS A CONSEQUE	TENCE OF	SEILU	res			Th		1	2004	S
	NOI	PART 2 OTHER SIGN	UNIA	ONDITIONS C	ENA TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDIT	ION GIV	VEN IN F	ART Ira		
1	CERTIFICATION	190 DATE OF OPERAT	TION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?	11	NCERTI			GS USED OF DEATH?	
7		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DE	HOUR A	DF INJURY M. MONTH D M.	AY YEAR	21c. HOW IN.	URY OCCURE	RED (ENTER NATURE OF	F INJURY IN	NITEM 18	PART I OR	PART 2)	77	
	MEDICAL	21d INJURY OCCURE	ILE 🗍		OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	21f LOCATIO STREET	N	CITY	ORTOWN		CO	UNTY	STATE	
		saw the decease abaye, X (we) (c	(this hosp	tal) ottended th	RV 19 19	JANUA 86	RY 30 nd that in (nX)	,	to FEBRU					that X (we) li	ast
		27h SUNGETURE	W	Cose	ren -	MD		TTENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF	ND.	22	DATE !	19/8	4
		ANGEL	A	CORH	31 N		77e ADDRESS			,					
		BURIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OR TOV			COUNT	íY	STATE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

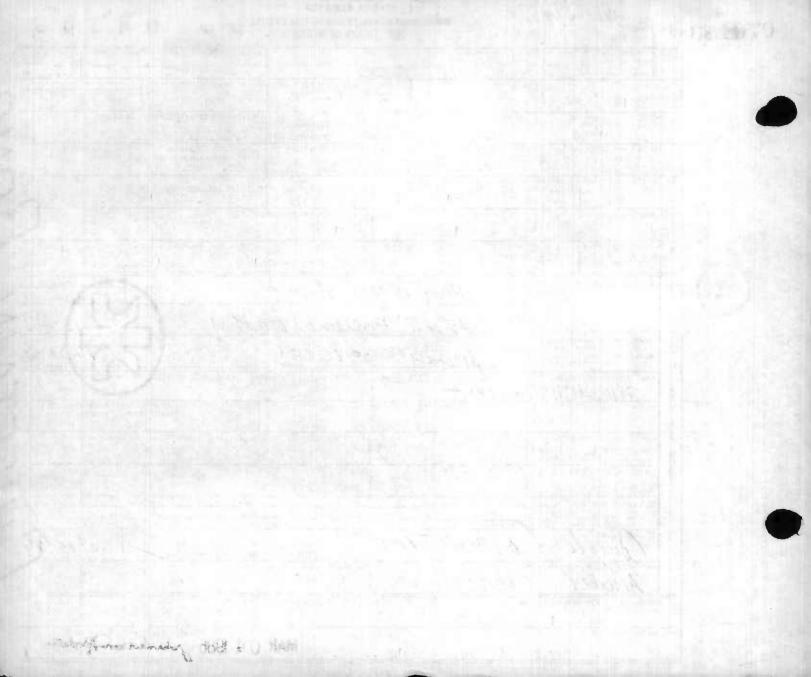
should be detact MPORTANT II

Anatomy Board

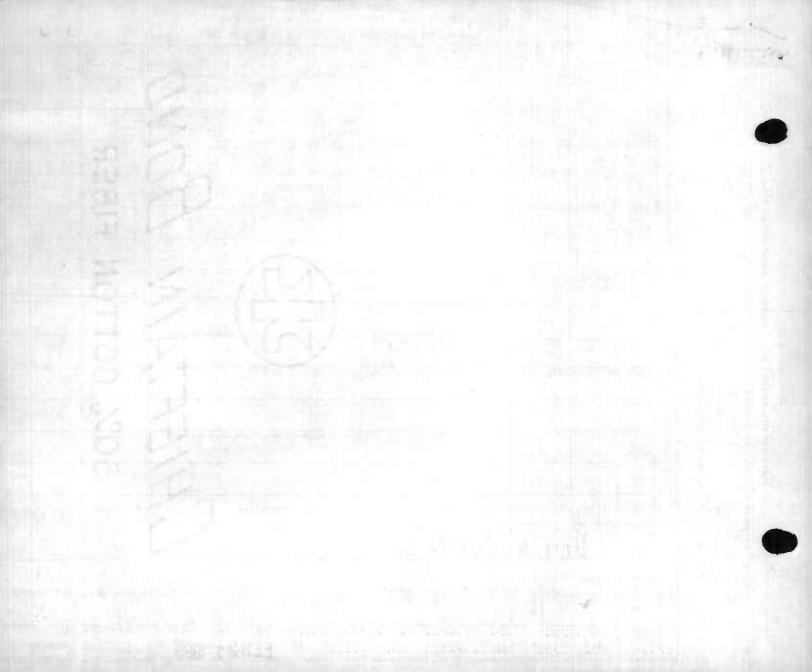
24 FUNERAL DIRECTOR

Balto., Md.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

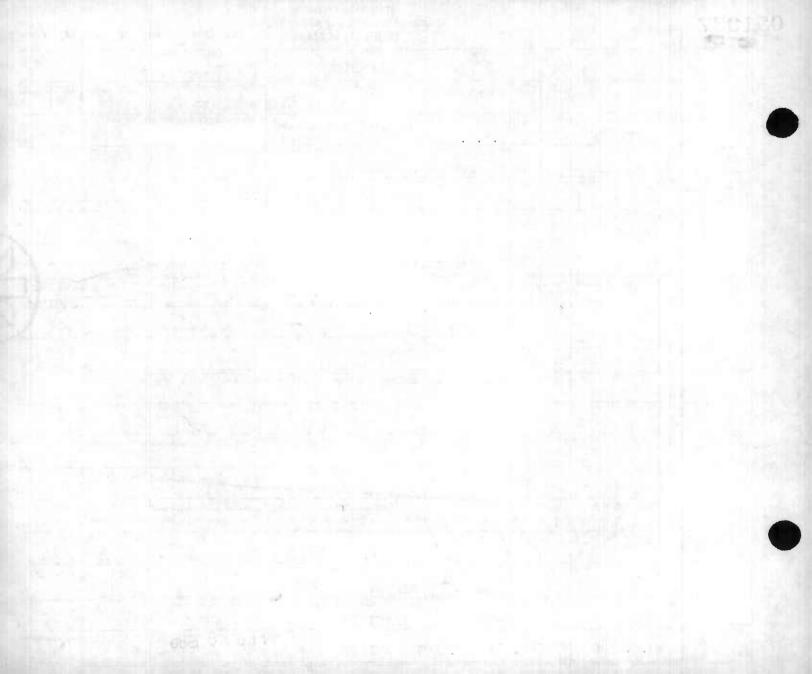


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR 20. DATE KNOWN DECEASED NAME OF ESTI- X-(TYPE OR PRINT) 2-17-86 ALBERT **HENDERSON** 2d HOUR 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED Nov. 18 28 57 DEAD Male Black 2-17-8619 7-201 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED Baltimore City II.S.A. Ohio II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Civil Servan Analyst Baltimore St. Agnes Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE | 13b. COUNTY | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NOXX 41 Walden Cherry Ct Woodlawn Baltimore Maryland 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Waugh Henderson Hazel Albert Stephan 17. INFORMANT 41 Walden Cherry 166 SOCIAL SECURITY NO Tég. WAS DECEASED EVER IN U.S. ARMED FORCES? MISION Mrs. Catharine HendersonBalto., MD. 295-22-4318 Yes Korea 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMITOR HEALTH AND MENTAL HYGIENE, IMMEDIATE CAUSE (a) Hypertensive arteriosclerotic cardiovascular Conditions, if any, which (h) disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION ICATE, WRITING THE WORD "PER E FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BORRIAL, C 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 20 AUTOPSY? YES 🗍 NO 5 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION NOT WHILE STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA Inspection X Autopsy and in my apinian 27a I certify that I took charge of the remains described above, held an Natural causes X Accident Suicide Hamicide L Undetermined manner death resulted from TITLE (SPECIFY) SIGNED18-86 -Assistant SIGNATURE EXAMINER'S NAME Penn Street Margarita A. Korell, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 73¢ NAME OF CEMETERY OR CREMATORY Baltimore Feb. 22, 1986 Westview Crematory Catonsville Cremation 07/84 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ----DHMH - 17 Randallstown, MD. 21133 8728 Liberty Road (VR A15 ME (5))



1	FOR STATE REGISTRAR	DEPART			30	4387			
2	YPE OR PRINT!	MIDD\ E			20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR P			
/ _						M			
3.	M M	4. RACE B		DAY YEAR	25	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.			
10	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8 MARRIE	D NEVER MARRIED X	11/4				
2	MARYLAND	U.S.A.	WIDOWE	D DNORCED	BALTIMORE	CITY MD.			
	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JOHNS HOPKINS HOSPITAL			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
200				A 101 WIGIDE CITY HAVITCO		ODE 21213			
1000	MARYLAND			YES X NO	1206 NORTH PAT	TTERSON PARK AVE.			
a)"	FIRST			FIRST	WIDDIE	LAST			
1			_	,		MAYO			
100	(YES, NO OR UNKNOWN) [IF YES GIVE	WAR OR DATES)							
-				LEROY HENDER	ICKS 1206 NORTH				
	PART I. DEATH WAS CAUSED	D BY.	1	+		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIAT			ry arrest		6 MIN			
	Conditions, if any, which	. 19				24 hrs			
	gove rise to immediate couse (a), stating the					3 . 111.3			
	underlying cause last	10) massive	6I	hamorrhage		6 days			
20		ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO HE TERMI	INAL DISEASE OR CONDITION	GIVEN IN PART ITO			
7	190 DATE OF OPERATION	0.0			200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?			
			astro in		YES NO	YES NO			
7 3	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)			
/ 0	(IF ETHER NOTIFT MEDICAL EXAMINER)	21e PLACE OF INJURY	19	21f LOCATION					
3	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE,	FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE			
	Lertify that (I) this hospit	al) ottended the deceased fram.	Februer	y 4 19 86	. to February 1.	2. 19 8C , that (1) (we) lost			
1		view the body after death		The same of the sa	leath occurred an the date and I	nour and from the couses stated			
	27% SIGNATURE	01111			MEDICAL STAFE A	22c DATE SIGNED			
	X march	he helved	1	PHYSICIAN [DIRECTOR PHYSICIAN	2-12-86			
	270. HAYSICIAN'S NAME (TYPE OR	C11+	44	1 11	1 1	; 600 N. Wolfe St.			
22	BURIAL CREMATION REMOVAL		-			31707			
1.5	(SPECIFY)				CITY OR TOWN	MARYLAND STATE			
24	FUNERAL DIRECTOR			250 DATE		ISTRAR'S SIGNATURE MONDO			
L	WM.C.MARCH F/H	INC. 1101 E. NOI	RTH AV	ENUE	. 25 2 0 1300				
	3. 3. 70 NOTIFICATION OF THE POPULATION OF THE P	DECEASED NAME (TYPE OR PRINT) MORRIS 3. SEX M 0. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND CITY OR TOWN OF DEATH BALTIMORE STATE 13b COUN MARYLAND 14 FATHER'S NAME FIRST LEROY 160. WAS DECEASED EVER IN U.S. ARY (YES. NO OR UNKNOWN) NO 18 CAUSE OF DEATH Enter on PART 1. DEATH WAS CAUSET IMMEDIATI Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT COUNTRY MEDICAL EXAMINER; 170. DATE OF OPERATION PART 2. OTHER SIGNIFICANT COUNTRY MEDICAL EXAMINER; 18 CAUSE OF DEATH (II) This hospit who deceased alive on along (1) well (aid) (aid) not seen the country of t	TO STATE PECE ASED NAME ITYPE OR PRINT! MORRIS 3. SEX M 4. RACE B 10. BIRTHPLACE (STATE OR FOREIGN) COUNTRY) MARYLAND U.S.A. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSI (WHO IN SUCH FACILITY, GIVE STREET BALITIMORE BALITIMORE JOHNS HOPKINS BALITIMORE STATE 136 COUNTY MARYLAND 4. FATHER'S NAME FIRST LEROY 14. FATHER'S NAME FIRST LEROY 15. CAUSE OF DEATH FIRST LEROY 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OF UNKNOWN) (IF YES GIVE WAR OR DATES) NO 18. CAUSE OF DEATH Enter only one cause per line for 101, 105, or PART 1. DEATH WAS CAUSED BY. Conditions, if any, which gove rise to immediate couse (01, stoting the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OR CONTRIBUTION COUNTING TO 190 DATE OF OPERATION 191 CONDITION FOR WHICH OR CONTRIBUTION COUNTING TO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OR CONTRIBUTION COUNTING TO 190 DATE OF OPERATION 191 CONDITION FOR WHICH OR CONTRIBUTION COUNTING TO 192 DATE OF OPERATION 193 CONDITION FOR WHICH OR CONTRIBUTION COUNTING TO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OR CONTRIBUTION COUNTING TO 194 DATE OF OPERATION 195 CONTRIBUTION COUNTING 195 CONTRIBUTION COUNTING 196 CONTRIBUTION COUNTING 197 CONTRIBUTION COUNTING 198 CONTRIBUTION COUNTING 199 CONTRIBUTION COUNTING 199 CONTRIBUTION COUNTING 199 CONTRIBUTION COUNTING 199 CONTRIBUTION COUNTING 190 COUN	DECEASED NAME MORRIS 3. SEX M 4. RACE B 6. DESTRIPLACE (STATE OF FOREIGN COUNTY) MARYLAND 10. BIRTHPLACE (STATE OF FOREIGN COUNTY) MARYLAND 11. INAME OF HOSPITAL, NURSING HOME OF COUNTY MARYLAND 12. LETY OR TOWN OF DEATH 13. COUNTY MARYLAND 14. FATHER'S DAME MORRIS MARRIE MODULE MARYLAND 15. TATE MARYLAND 16. SULF RESIDENCE UF NURSING HOME OF OTHER WINTUTION, GIVE SENDER ADMESSION, 133. CUNTY MARYLAND 16. BIRTHPLACE (STATE OF FOREIGN WINDOWN) MARYLAND 17. LANGE OF HOSPITAL, NURSING HOME OF OTHER WINTUTION, GIVE SENDENCE SEFORE ADMISSION, 133. CUNTY MARYLAND 18. CAUSE OF DEATH IETHER ONLY ONE COUNTY MARYLAND 18. CAUSE OF DEATH IETHER ONLY ONE COUNTY MARYLAND 18. CAUSE OF DEATH IETHER ONLY ONE COUNTY MARYLAND 18. CAUSE OF DEATH IETHER ONLY ONE COUNTY MARYLAND 18. CAUSE OF DEATH IETHER ONLY ONE COUNTY MARYLAND 18. CAUSE OF DEATH IETHER ONLY ONE COUNTY MARYLAND 18. CAUSE OF DEATH IETHER ONLY ONE COUNTY MARYLAND 18. CAUSE OF DEATH IETHER ONLY ONE COUNTY MARYLAND 18. CAUSE OF DEATH IETHER ONLY ONE COUNTY MARYLAND 19. DATE OF OPERATION 19. CONTRIBUTING CAUSE OF DEATH MOUR AM MONTH DAY YEAR P.M. 19. 19. PLACE OF INJURY (AI HOME STREEL FACTORY OFFICE FARM, ELC) MARYLAND 19. DATE OF OPERATION 19. PLACE OF INJURY (AI HOME STREEL FACTORY OFFICE FARM, ELC) MARYLAND 19. PLACE OF INJURY (AI HOME STREEL FACTORY OFFICE FARM, ELC) MARYLAND 19. PLACE OF INJURY (AI HOME STREEL FACTORY OFFICE FARM, ELC) MARYLAND 19. PLACE OF INJURY (AI HOME STREEL FACTORY OFFICE FARM, ELC) MARYLAND 19. PLACE OF INJURY (AI HOME STREEL FACTORY OFFICE FARM, ELC) MARYLAND 19. PLACE OF INJURY (AI HOME STREEL FACTORY OFFICE FARM, ELC) MARYLAND 19. DATE OF OPERATION 19. CONDITION OF WHITE COUNTY (AI HOME STREEL FACTORY OFFICE FARM, ELC) MARYLAND 19. DATE OF OPERATION 19. CONDITION OF WHITE COUNTY (AI HOME STREEL FACTORY OFFICE FARM, ELC) MARYLAND 19. DATE OF OPERATION 19. DATE OF OPERA	REGISTAR REGISTAR CERTIFICATE OF DEATH MORRIS MORRIS HENDRICKS 1. SEX M 4. RACE B MONIH MORRIS HENDRICKS 1. SEX M 4. RACE B MONIH MORRIS HENDRICKS 1. SEX M 4. RACE B MONIH MORRIS HENDRICKS 1. SEX M 4. RACE B MONIH MORRIS 1. SEX M 4. RACE B MORRIS MARRIED NOVIN DE BRITHPLACE (STATE OF FORECH TO BE CONTINUED OF WHAT COUNTRY) MARYLAND CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION MARYLAND DHIS HOPE MARYLAND M	STATE CENTIFICATE OF DEATH CONTINUED CONT			

STATE OF MARYLAND



23c. NAME OF CEMETERY OR CREMATORY

HEBREW YOUNG MEN

DHMH - 16 50M 4/83 (VRA 15, 4)

6 50M 4/83 (15, 4) 6010 REISTERSTOWN RD. BALTO., MD 2121

23b. DATE

FEB.6,1986

SOL LEVINSON & BROS. INC.

230. BURIAL, CREMATION, REMOVAL

(SPECIFY) BURIAL

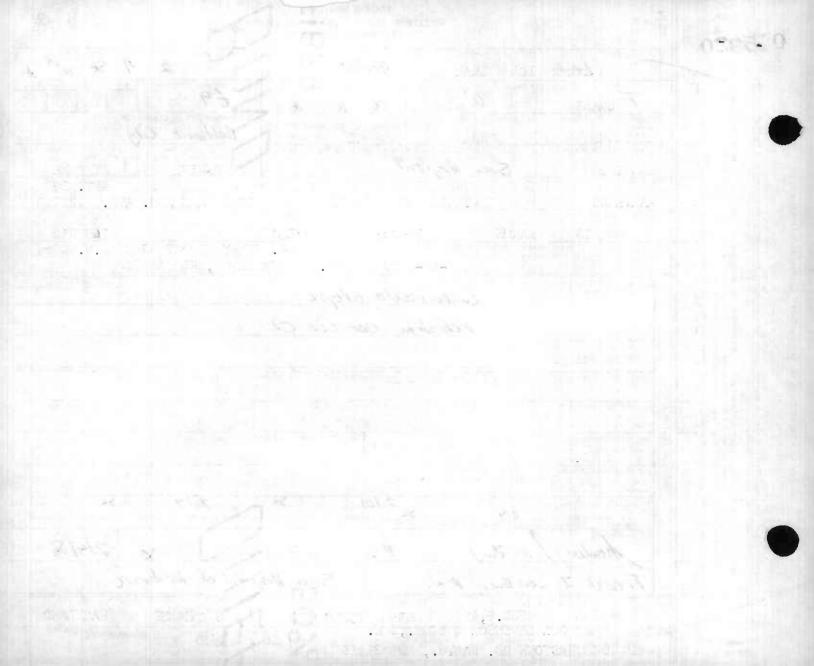
24 FUNERAL DIRECTOR

E PATE RECT. BY 986 RARIZSD REGISTRARISSIONATURE

MARYLAND

BALTIMORE

23d LOCATION



052287	1.	FOR STATE	DEPARTM	ENT OF HEAL	MARYLAND TH AND MENTAL HYG TE OF DEATH	IENE 8 6	0 4 3	8 9
y be only of the other of the o		REGISTRAR CEASED NAME FIRST FOR PRINT)	DYE R. HERY	LAST	TE OF DEATH	7	MONTH DAY YEAR Felo 11 197	10 1100K
ctor. poo	3. SE		4 RACE W HITE	5. DATE OF BI	RTH PALS / YEAR A	6 AGE LIN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA YRS	
		IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		MARRIED WIDOWED	DIVORCED	9 BALTIMORE CITY OF	R COUNTY OF DEATH	MD.
44.5	1	DALTIMURE	11. NAME OF HOSPITAL, NURSING	SPITA.	THER INSTITUTION	(TYPE OF WORK FOR MOST OF HOUSEW)	ON H WORKING LIFE) HOUST AT	
1 11 15	130	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE A	13d YE	INSIDE CITY LIMITS?		ZIP CODE HOT;	AVE APT
ompletely on 2 2 s	14 F.	ATHER'S NAME SOLOMON	ROSENBERG	15.7	MOTHER'S MAIDEN NA RACHEL	-WIDDIE	UNKN	
on and construction of the second construction o	16a \	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES) 164 SOCIAL SECUR 77-03-7	06501	irrold Heri	man 9695	Rocky Rd	34487
G PHYSICIAN: The low requires that the death certificate be executed with other official physician. For this certificate has been signed by the attending physician and completely sith burial-stransis permit. Then please remove corbanapers. Pages 1 and 2 sith and Mental Hygiene prior to burial, cremation, ar remaval.	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	Jy one cause per line for (0), (b), and D BY: E CAUSE (a) DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE	NCE OF	T RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	lio
The low reician.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C			YES NOT	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	SES OF DEATH?
TO HOSPITAL OR ATTENDING PHYSICIAN; The retained by the haspital or ottending physician TO FUNERAL DIRECTOR, after this certificate his should be detached for use as the burial-transit p with the State Dept. of Health and Mental Hygien IMPORTANT: If them 21 is marked or them 18 show	MEDICAL CEI		P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FAS tol) ottended the deceosed from 1) view the body ofter death.	YEAR 19 21f PAN ETC) DEGI	LOCATION STREET 19 ot in (my) (our) opinion of REE ATTENDING PHYSICIAN E ADDRESS SIWA	city on to	ote and hour and from the control of	STATE
PP	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	FEB.14,1986 HA	R ZION	TIFERETH I	SPAEL ROSE	DALE BALTO	O. MD
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR SOL	LEVINSON & BROS.,		1215 PS	REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	

GOLDAG THEKOMAN BALTO COL FED TO TOTAL return V WITH GRAFT IF YOU BANG BY BURNES

044		FOR		DEPARTMENT OF	HEALTH AN	ND MENTAL H	YGIENE	0	A 7 0	Ω
J. Z/I		STATE REGISTRAR	ME	DICAL EXAMIN	NER'S CER	TIFICATE O	FDEATH	REG. NO.	4 3 7	9
- 1/		CEASED NAME FIRST		MIDDLE	LAST		Zo. DATE		MONTH DAY YE	AR 2b. HOUR
STREE	(TPI	Mich	201	I.	Herm	an Jr .		MATED	2/ 14/19 8	26
× 3	. SEX		5 DATE OF BIRTH	6 AGE INY	EARS IF UNDER	TYR. IF UNDER			MONTH DAY Y	EAR 14 HOUR
2	Me	le Caucasi		1924 61 Y	1110111111	DAYS HOURS	MIN PRONOU DEAT		2/ 14/19 8	-
0	-	RTHPLACE (STATE OR	76. CITIZEN OF W		10		9. BALTIA	AORE CITY OR	COUNTY OF DEATH	0.0
5/1		REIGN COUNTRY) W York	U.S.	A	WIDOWED	NEVER MARRI	ED L	timore		
4		TY OR TOWN OF DEATH		A. SPITAL, NURSING HOM			120 USUAL OCCL			BUSINESS
		D-14-3	(IF NOT IN SUCH FA	ACILITY, GIVE STREET ADDRESS)			FOR MOST OF WO	RKING LIFE)	OR INDI	
	USUA	Baltimore L RESIDENCE (IF IN NURSING HO)		. Washington			Chauffe	eus	Md. Po	rt Auth
1	130 S	TATE 136 CO		1136 CITY OR TOWN	13d.		13e STREET ADDR			04004
		yland -		Baltimore		ES NO	211 S. I	vasningt	ion St. #	21231
0	14. F.A	THER'S NAME	MIDDLE	LAST		MOTHER'S MAIDE		MIDDLE	LAST	
4		Michael		Herman		Josephi	ne		Surozens	ki
	160 V		IVE WAR OR DATES)	16b. SOCIAL SECURI		INFORMANT		ADDRESS		
		Yes W.W	. II	217-12-936	57 E3	lizabeth	H. Herman	1- 211 S	. Washing	ton St.
		18 CAUSE OF DEATH (Enter	only one couse per line	e for (o), (b), and (c).)	111111	V 100			APPROXI BETWEEN C	MATE INTERVAL
		PART I DEATH WAS CAU	SED BY:	Arterioscl	erotic (Cardiovas	scular Di	sease	- 1	
RANSIT PERMIT VIAL HYGIENE, I OR REMOVAL				AS A CONSEQUENCE						
MENTAL HYGIE N, OR REMOVA		Canditions, if any, whi								
8		gave rise to immedia couse (a) stating the und		AS A CONSEQUENCE	05					
		lying cause last.	DOL 10, OK	AS A CONSEQUENCE	Or					
		PART 2 OTHER SIGNIFICANT CONDITION	(c)	BUT HOS BY LIVE TO THE TIP						
I	z	PART 2 OTHER SIGNIFICANT CONDITIO	NO CONTRIBUTION TO DEATH	BUT NOT KELATED TO THE TER	MINAL DISEASE OR C	CONDITION GIVEN IN PA	RI I (g)			
H	10	190 DATE OF OPERATION	Lin colin	TION FOR WHICH OPE	DATIONINACE	AFDEODINED?	_		1	
	CA	176 DATE OF OPERATION	IVO. CONDI	HON FOR WHICH OFE	KATION WAS P	PERFORMED?			20 AUTO	7517
	CERTIFICATION	THE EVIENNIA CANALANT		5 10 10 100					YES [NO W
		210 EXTERNAL CAUSE WAS	216 TIME OF	FINJURY A. MONTH DAY YEA	AR ZIC HOW I	INJURY OCCURRE	D LENTER NATURE OF I	JURY IN ITEM 18 PAR	RT 1 OR PART 2}	
	MEDICAL	CONTRIBUTING CAUSE C						2132		
1	(ED	21d. INJURY OCCURRED		OF INJURY (ATHOME,	21f LOCATI		CITY OR TO)WN	COUNTY	STATE
	2	WHILE AT WORK					CHIOKI			31716
		22-1 (6 d 1) 1 1	-6.46		[X ond		
		22a I certify that I took ch			Autopsy L	, Inspection			in my opinion	
		deoth resulted from: No	atural causes X	Accident . S	vicide .	Hamicide L	Undetermined m	onner [_].		
		ACTUAL	IN	IV		TITLE (SPECIFY)			DATE	
4		SIGNATURE	1	/	M.D	Assistan	MEDICAL EXA	WINER	SIGNED 2/1	4/86
/	-	EXAMINER'S NAME								
		(TYPE OR PRINT) G	regory R. I	Kauffman, M	.D. ADD	DRESS1	ll Penn S	st.		
- 1	15	JRIAL, CREMATION, REMOVA		23c. NAME OF CE	METERY OR CR	REMATORY	23d LOCATION		COUNTY	STATE
	Bu	rial	2/18/86	Sacred H	leart of		Balt	imore Co	ounty.	Md.
	24 FL	INERAL DIRECTOR	ADDRESS				1 8 1986	AR 256 REGIST	RABISSIENNAHMA	
	H	lows A. Weber			Ann St.	LEG	1 0 1980	d		1

STATE OF MARYLAND

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059043 REGISTRAR DECEASED NAME [TYPE OR PRINT! Herring February Walter 4. RACE 5 DATE OF BIRTH 3. SEX MONTH YEAR Male-Black. 11 74 TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED N.C. USA IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland General Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? MD Baltimore YES 😿 NO [4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Rosa Richard Herring 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 241-16-1268 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF Anoxic Encephalopathy Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost Pleural Effusion PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED NOX 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE FARM ETC 1 AT WORK NOT WHILE 220.1 certify that X (this haspital) attended the deceased from Janruary 37 19 86 to February 24 19 86, that XI (we) last saw the deceased alive an February 24 _19<u>86</u>, and that in (1**%**) (aur) apinian death occurred an the date and haur and from the causes stated above, X (we) (did) (XXX) view the bady after death. 226 SIGNATURE DEGREE MD ATTENDING MEDICAL STAFF MPORTANT 278 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b NILLIAM IAN, MD 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 26 HOUR 1986 5:30PM & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Construction 13e.STREET ADDRESS / ZIP CODE 11 W. 20th St. 21218 Williams Carolyn Herring Power 1403 Rooseve Margaret Ann Mason 616 Lyons Avenue ADDRE 15403 Roosevelt Blvd. APPROXIMATE INTERVAL Minutes 5 Days Weeks

IN CERTIFYING CAUSES OF DEATH? YES [NOF

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21

COUNTY

22c. DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN

c/o Maryland General Hospital

COUNTY

Garrison Forest VA Mills Owings 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Wm. C. March F/H 1101 E. North Ave.

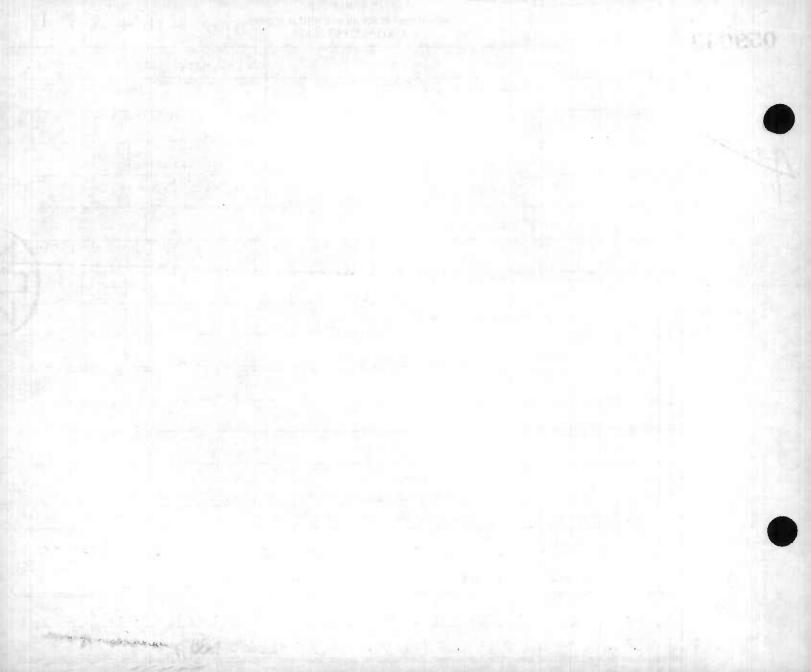
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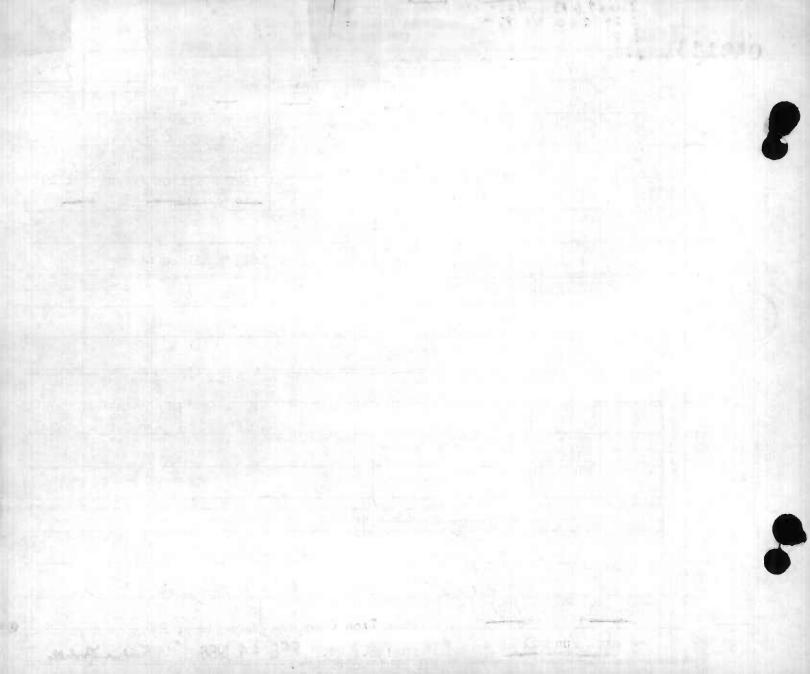
24 FUNERAL DIRECTOR

- STATE



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4 may be	r, page 3		CEASED NAME FRE	1 RACE	MIDDLE	5. DATE C		6.	a. DATE OF DEATH	MONTH DAY	YEAR - 86 UNDER I YEAR WITHS DAYS	IF UNDER 24 HRS
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	BP		URIAL, CREMATION, REMA SECTION BURIAL UNERAL DIRECTOR	23b. DATE 2/25			athedral (Cem.		ore, Md		STATE
DHM	NH - 16 50M 4/B2 (VRA 15, 4)		TCHELL-WIEDI	EFELD HOME	, INC.	6500	York Rd.	FEB	2 7 1986 ¹	Julia Da		andell

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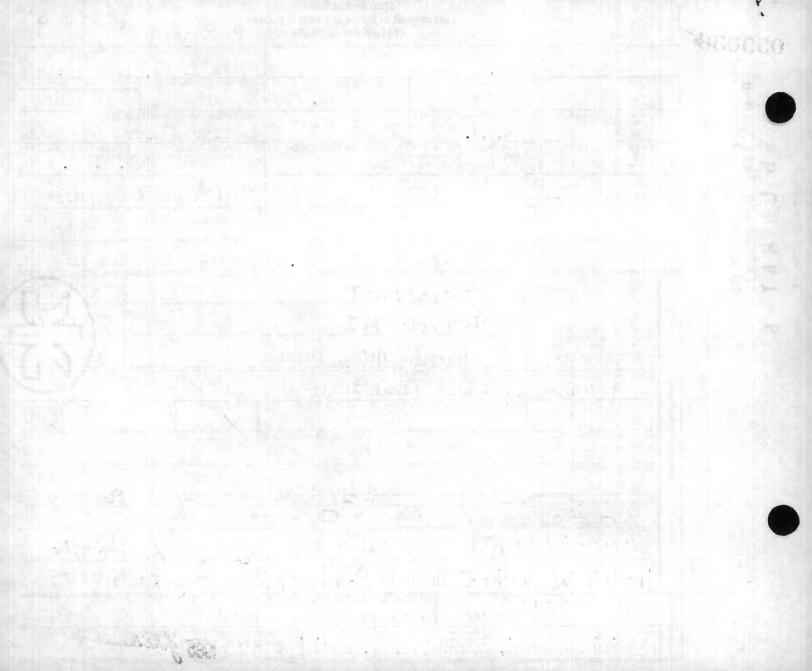
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 041183 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) BARBARA HIBBLER FEBRUARY 2, 1986 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IETINDER 2 CMR 3 SEX 5. DATE OF BIRTH 1940 White Female BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED T NEVER MARRIED COUNTRY Pennsylvania U. S. A. WIDOWED DIVORCED [BALTIMORE CITY LE-CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE Sewing Seamstress BALTIMORE THE JOHNS HOPKINS HOSPITAL Leeighton 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE treet Pennsylvania YES P IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Mertz MIDDLE Ethel Stuckley Norman 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NOOR UNKNOWN) 208-30-8583 Flyod C. Hibbler 259 Center St. Le APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) Respiratory Failuse PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF month Chilangio Carcinoma Conditions, if ony, which gove rise to immediate couse (o), stoting the malignani ascites underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 S O 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Cholansio Carcinoma In ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on obove. (I) we'll did (did not) view the body after death and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 600 N. WOLFE ST. BALTO. MD. 21205 INCENI K. H. Tam, mb. Up know Mospita 236. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Gnaden Huetten Cemetery Lehignton, Carbon Pennsylvania 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Marzullo Funeral Service Upperco, Md. (VRA 15, 4)

STATE OF MARYLAND

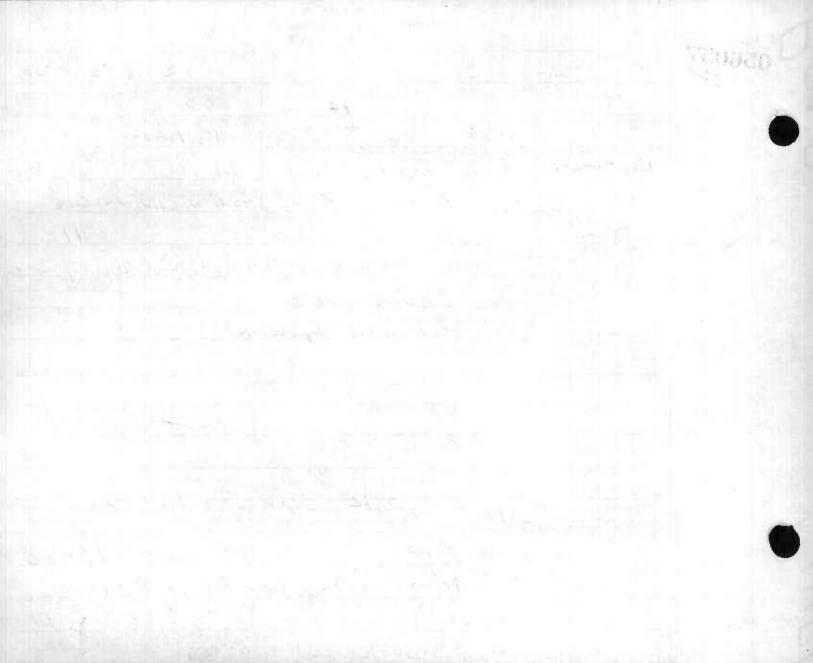
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA INC. PHYSICIAN. The low requires that the death certificate be executed within oftending physician. We this certificate has been signed by the oftending physician and completely for the buriol-transit permit. Then please remove corbonopapers. Pages 1 and 2 shoth and Mental Hygiene prior to buriol, cremation, or removal.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	100	sulm a	rependent DN nemodialnis		
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he low roon. hos bee reperint ene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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BP	23a	BURIAL, CREMATION, REMOVA (SRECIFY) Burial			emetery or crematory od Cemetery	Baltimore	e	OUNTY	Maryland	
DHMH - 16 60M 7/B4 (VRA 15, 4)	24LF	Sol Edmondson	ell C. Witzke Fu	neral t	Homes P.A. 250 DATE	R 2 6 1086	ALC: N	JENA!	Market St.	



				STATE OF MARYLAND		
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should be det with the State IMPORTANT:		Ruben Physician's NAME	J. Entelm	270 ADDRESS	Hospital .	1. Rut,
F # 3 8		BURIAL, CREMATION, REMOVAL	236. DATE 23-86 L	1	ATORY 23d LOCATION	COUNTY STATE
	24 F	UNERAL DIRECTOR	N 2000 E	narrison Forest	250. DATE REC'D. BY REGISTRAN	MILLS MULL 25% REGISTRAR'S SIGNATURE
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058079)	T - STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG NO.	4 3 9 8	
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r po		SEX		DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
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100	10	O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
1	0	NORTH CAROLINA	110	WIDOWED DIVORCED	Butte 4	MD.	
	4	BALTIMORE	11. NAME OF HOSPITAL, NURSING (IRNOT IN SUCH FACILITY, GIVE STREET ADD		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12% KIND OF BUSINESS OR INDUSTRY	
The state of the s	25	SUAL RESIDENCE (# NURSING HOME OF 136 STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD		13e.STREET ADDRESS / ZIP CODE		
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has bee	2	190 DATE OF OPERATION 1/2 2 12/6 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OF		IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \text{NO} \text{NO}	
CIAN T a physici errificate ial-transi ntal Hygi em 18 sh	9	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CIFETTHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DAY	YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)	
er this cand We and Me	/	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM	A, ETC.) 214 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
aspitol ar action of for use a fit af Health		220 1 certify that (1) (this hasp saw the deceased alive a	oital) attended the deceased from	and that in (my) (aur) apinian DEGREE	, to		
TAL OR by the half RAL DIR detache tote Dep			eg re-	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	2/22/82	
TO MOSPITAL etained by the TO FUNERAL should be det with the State IMPORTANT:	1	22d PHYSICIAN'S NAME TYPE	CORRED	22e ADDRESS	LUTHERIN 186	DSPIFAL	
F 5 1 2 2 ₹		30 BURIAL, CREMATION, REMOVA		ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE	
BP		REMOVAL	2-24-86 INI	DIAN WOODS	BERTIE COUNTY	NORTH CAROLIN	
DHMH - 16 60M 7/B	4	F. I. PHILITPS	1791 NORTH MONE		R 2.5 1000		
(VRA 15, 4)		E.I. PHILLIPS	1/71 NOKIH MONK	CUE SI.	D 4.0 1000 1000 1	torrelle a Branda Die	



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(VRA 15, 4)

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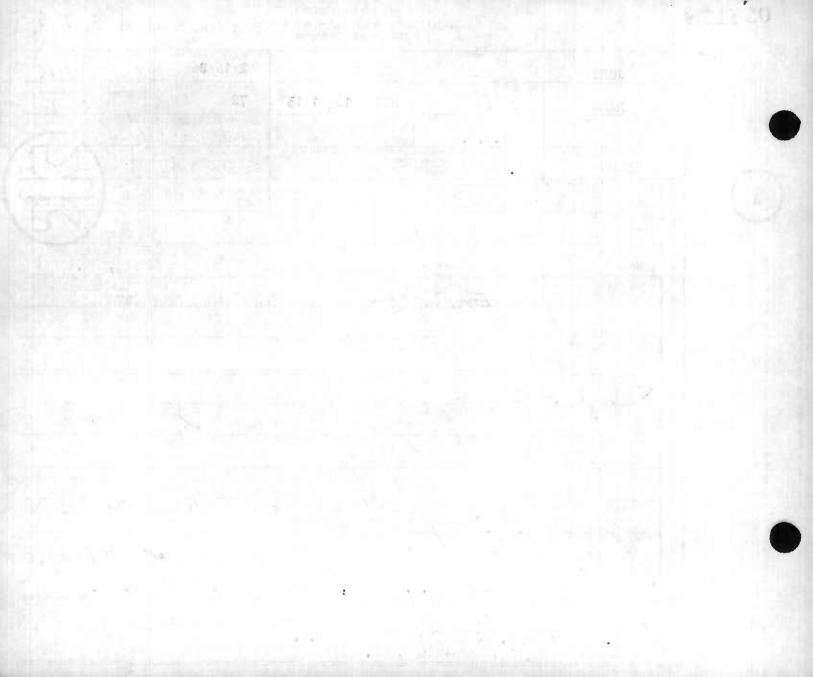
FOR STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

6

4 3 9

	_	REGISTRAR		421,711	TANK OF PERIM	REG. NO	D.					
		CEASED NAME FIRST	MIDDLE	L	AST		MONTH DAY	Y YEAR	2h HOUR			
	(1	JOHN	ROWLA	ND HI	NES	2/16/86			8:15 M			
	3, SE)	(4 RACE	S. DATE C	FBIRTH	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS			
		MALE	White	Decen	ber 4, 1913	72	YRS	NIHS DATS	HOURS MIN.			
1		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O		FDEATH				
5	M	laryland	U.S.A	• WIDOWE	D NORCED	Baltimor	e City		MD.			
		TY OR TOWN OF DEATH		PITAL, NURSING HOME C	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFET	INDUSTRY	F BUSINESS OR			
2		Baltimore /		s Hospital		Retired Tr	uck Dr	iver -	Trucking			
5	130 S	AL RESIDENCE IN NURSING NOME OF STATE 136 COUNTY BAL	VTY 13c	CITY OR TOWN Ltumore	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 320 Marti	zip code ngale	Avenue	21229			
	14 FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM				1.44			
U	2	John 1	Palmer	Hines	Eleanor	WIDDLE		Spurri	er			
5		VAS DECEASED EVER IN U.S. AR	E WAR OR DATEST	SOCIAL SECURITY NO.	17 INFORMANT				d Drive			
١		res. NO OR UNKNOWN) (IF YES GIV	2	16-16-3301	Vernon Dougl	as Hines E	saltimo	re, MD	.21228			
1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line f	or (a), (b), and ic.			EAC.	APPROXIA BETWEEN C	MATE INTERVAL DNSET AND DEATH			
1			TE CAUSE (a) En	d stragator	OCALLINOM OC	alon colffee	Mulnon	Moris				
П	199	DUE TO, OR AS A CONSEQUENCE OF										
Н		Conditions, if any, which gove rise to immediate	(b)									
		cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
			(c)				-12					
1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONE	ITION GIVEN	J IN PART 11a				
-	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20h IF YES V	WERE FINDIN	IGS LISED			
2	THIC	0			T THE CENT ON MED	/	IN CERTIFYII	NG CAUSES	OF DE ATH?			
-	ERI	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJ	URY	21c. HOW INJURY OCCURR	1	YES Y IN ITEM 18 PART	1 OR PART 2)	NO []			
1		OR CONTRIBUTING CAUSE OF DEA										
8	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE OF IN		211 LOCATION							
	N.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	ACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOV	VN	COUNTY	STATE			
7		22a I certify that (I) (this haspi	tal) attended the dec	epsed from	110 19 86	2/1	6 19	86	that (1)(we) last			
		saw the deceased alive an abave (1) we vaid id did no	2/16	19 86 on	d that (my) (aur) apinian d	death accurred on the do	te and haur a	nd fram the c	auses stated			
		22h. SIGNATURE	The dady after	ocom.	DEGREE			22c. DATE S				
		Mudrelph	V. Carl	~ Ms.	ATTENDING PHYSICIAN	MEDICAL STAF		12/	16/86			
ı		PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS			1	196			
-		Rudolph	Cane	M.D.	St. Agnes Ho	spital, Bal	timore	, MD.				
17		URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION		CHINTY	STAN			
		Burial	2/20/86		park Cemetery		.e	« Mar	yland			
	24. FL	PEROPRISE RUSS	ell C. Wit	zke Funeral	Homes P. AZSO DATE	REC'D. BY REGISTRAR	256 REGISTRA	P'S SIGNATU	JRE.			
	7	630 Edmondson A	ivenue, Cat	onsville, Mi	· 21228	FR 1 A 1880	- 7 . 12 C 3 C 8 C	Array I - Kan our	S. L. Southern			



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049007	1.	FOR - STATE REGISTRAR	DEPA		LTH AND MENTAL HYG ATE OF DEATH	IENE 8 6	0 4	4	0 1
		CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH	MONIH DAY	YEAR	26 HOUR
poge 3		CHARLES	T .	HOBBS		FEBRUARY 7	, 1986		12;42Pm
mon mon	3. SE		4 RACE	5 DATE OF B	IRTH DAY YEAR	6. AGE (IN YEARS LAST BIR	IHDAY) IF UN	HS DAYS	HOURS MIN.
ecto ars of		Male	White	Aug.	17. 1904				
2 hour	7a. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED Y	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF	DEATH	
1 15 20	Ва	l'timore, Md.	U. S. A.	WIDOWED [DIVORCED [BALTIMORE		1000	MD.
		ALTIMORE	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST THE JOHNS HOS	REET ADDRESS)	PITAL	120 USUAL OCCUPATION OF STATE OF WORK FOR MOST OF MUSCian		26. KIND OF NOUSTRY Band	BUSINESS OR
	USU 13a	AL RESIDENCE (IF NURSING HOME OF			LINSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
	P	Md	Balti		ES NO 🗌	130 N.	Curley	St.	-21224.
	14. F.	ATHER'S NAME	MIDDLE LAST		MOTHER'S MAIDEN NAM	ME		LAST	
	1	Harry	W. Hobb		Suzzane	Code Code	Sch	warzi	kapf
second co		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO. 17	INFORMANIBalt	imore, Ma	SS 2122	4	
200 60		YES, NOOR UNKNOWN) (IF YES, G	215-1	8-9884M	rs. Edith	E. Hobbs	-130 N	. Cu	rley St.
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line for 1a), (b		+			BETWEEN OF	NATE INTERVAL
and gaph			TE CAUSE 10) Cindia	c arres	1			5m	n
corbin notic			DUE TO, OR AS A CONSE	QUE OF				1-12	
9 9 10		Canditions, if any, which	(16) rehal	jacem	l.			2 00	45
that the sose rem		cause (o), stoting the underlying cause last	DUE TO, OR AS A CONSE					1095	345
signed ben pl	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING						
P	CATION	196 DATE OF OPERATION	196 CONDITION FOR WH		ua aurtuili	200 AUTOPSY?	20b. IF YES, WI		GSTISED
hos b t perm ene pr	<u> </u>	122 86			1. anouny 9h	YES NO	IN CERTIFYING	G CAUSES C	OF DEATH?
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NDIP NDIP NSe of teolit			utal) attended the deceased fro	634	19 86				hat (1) (we) last
Spiro CTO I for of h		saw the deceased alive a abave, (1) we ((did)(did n	ot) view the body after death	9_06_, and th	hat in (my) (aur) apinian (death accurred and the do	ate and have an	d from the co	auses stated
OR Posted		221-SIGNATURE	١. ٨.	DEC	REE	HEDICAL STAT		224. DATE S	
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0 5 5 4 3 8		BURIAL, CREMATION, REMOVA			ETERY OR CREMATORY	23d LOCATION	oodlaw	n	STATE
BP		Burial	2/10/86	4orrain	e Park Cei	netery- B	altimo	re. I	1d.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR John	A. Moran, ADER	nc. Fun	eral Home	REC'D. BY REGISTRAR	756 REGISTRAR	SSIGNATU	RE
(VRA 15, 4)		3000 E. Balt	imore St.: Ba	Ito. M	d. 21224	75 1800			

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695 Main St. Elkridge, Maryland 2122

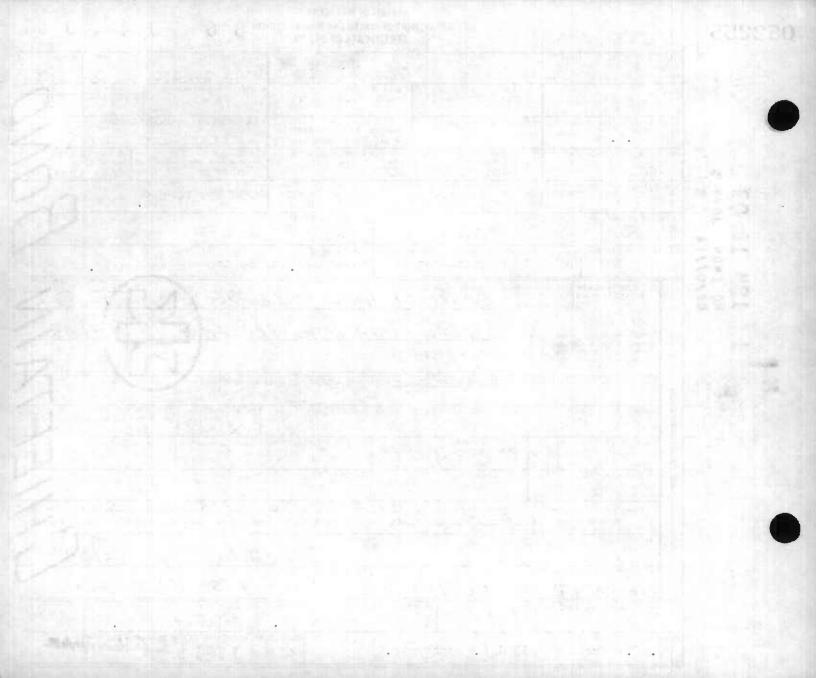
(VRA 15, 4)

052255

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 mc retained by the hospital or offending physician.	TO FUNERAL DIRECTOR. After this certificate has been regred by the attending physician and completely fill—in by the funeral director. p should be detached for use as the building permit. The places remove carbothopers: Pages 1 drid 2 should be filled within 72 hours after	with the State Dept of Health and Mental Hygiene prior to burial, crematian, ar removal en an analysis of the
1201	aurs ofter death. Page 4	n by the funeral directa e filed within 72 hours of	
e .	E E	of ter	d

(VRA 15, 4)

52255	L.	FOR STATE		DEPARTI	MENT OF H	E OF MARYLA LEALTH AND M	NENTAL HYG	IENE 8 6	0	4 4	0 5
1.525.5	-	REGISTRAR				ICATE OF D	EATH		. NO.		
* w=		CEASED NAME FIRS		MIDDLE		AST		2a. DATE OF DEATH	HINOM H	DAY YEAR	26 HOUR
oy be			JOHN	S	_	EMON) HO	DLEMAN		, 1986		8:05 A
tor. po	3. SE	x Male	4 RACE		5. DATE C		¥1^2	6 AGE (IN YEARS LAS	BIRTHDAY)	MONINS DAYS	IF UNDER 24 HRS HOURS MIN.
ogc record	7. D	IDTHOLACE	Black				14	72	YRS.	OF PEATIL	
death, Parish 72 ho		RTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	1	WHAT COUNTRY?	WIDOWE		ORCED	BALTIMO	E CLTY		MD
by the fu	-	ALTIMORE		HOSPITAL, NURSING HEACILITY, GIVE STREET HOPKINS	ADDRESS)		TUTION	126 USUAL OCCUP (TYPE OF WORK FOR MO Laborer		E) INDUSTRY	ruction
fill in in	USU 130	AL RESIDENCE (IF NURSING HO STATE MD	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE BALTIMO	/N	13d. INSIDE CIT	TY LIMITS?	13e STREET ADDRES	SS / ZIP CODE 11 Ave.		
dride sh	14 F	ATHER'S NAME FIRST Sam	MIDDLE H	oleman		15 MOTHER'S Ann	MAIDEN NAM	AE MIDDLI		nmeron	đ
xecut dicol	166	WAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SECU		17 INFORMAN			DRESS		
Po o		NO OR UNKNOWN) (IF Y		237-22-7	694	Artric	e D. Ba	aker 4700	Duncanr		
nding physicarbothapper or removal	38	18 CAUSE OF DEATH (En PART I. DEATH WAS C. IMMI	AUSED BY: EDIATE CAUSE (0)	AMSTRO11	NTEST						MATE INTERVAL ONSET AND DEATH
that the dead by the attended by the attended by the attended or attended or attended to a		Conditions, if any, whice gave rise to immediate cause (a), stating the underlying cause los	DUE TO, O	R AS A CONSEQUI		PHOCY1	7C_L	EUKEMI	<i>P</i>	7 7	EARS
n signed Then plum injury. o	NO	PART 2 OTHER SIGNIFICA	ant conditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ONDITION GIV	EN IN PART 1	0
he law roon. has bee t permit. rene prio	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING CAUSES	
CIAN. T a physical entificate ial-transi ntal Hyg em 18 sh	40	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A	DF INJURY .M. MONTH D. .M	AY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF	NJURY IN HEM 18 P.	ART (OR PART 2)	
ottending ter this cast the burn and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	FARM ETC.)	211 LOCATION	N	CITY O	RIOWN	COUNTY	STATE
pital or TOR. Af for use of Health		270. I certify that (I) (this saw the deceased alicebove, (I) (we) (did) (a	ve on FED	19 19	JAN 86.01	Z nd that in (my) (, 19 <u>86</u> our) opinion o	enth occurred on the	date and hour		that (I) (we) last couses stated
TAL OR A y the hos RAL DIREC detached note Dept NI: If them		22b. SIGNATURE	Edono			PI	TENDING HYSICIAN		TAFF SICIANI	221. DATE	SIGNED 4/86
etained b		ALEXANDES	e HANTI	EL MI)	600 A		LFE ST	BALT	- MI	
BP		BURIAL, CREMATION, REMO (SPECIFY) Burial	2/20/			Memori:	al Pk.	23d LOCATION CITY OF TOWN Baltin	nore	COUNTY	MD
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BALTIMORE

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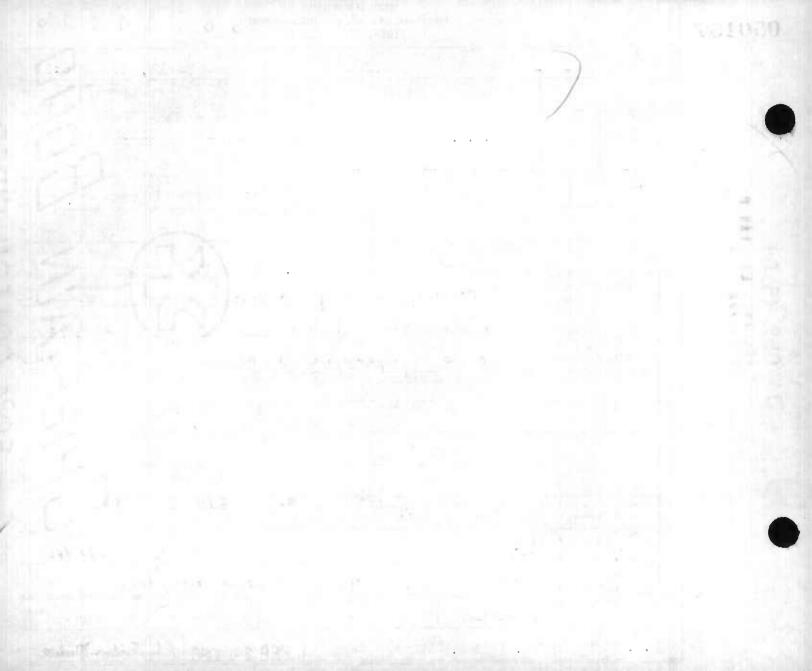
24 FUNERAL DIRECTOR
WM. C. MARCH F/H INC. 1101 E. NORTH AVENUE

2-15-86

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
FFR 1 4 1006 Julia Davidson Rondon

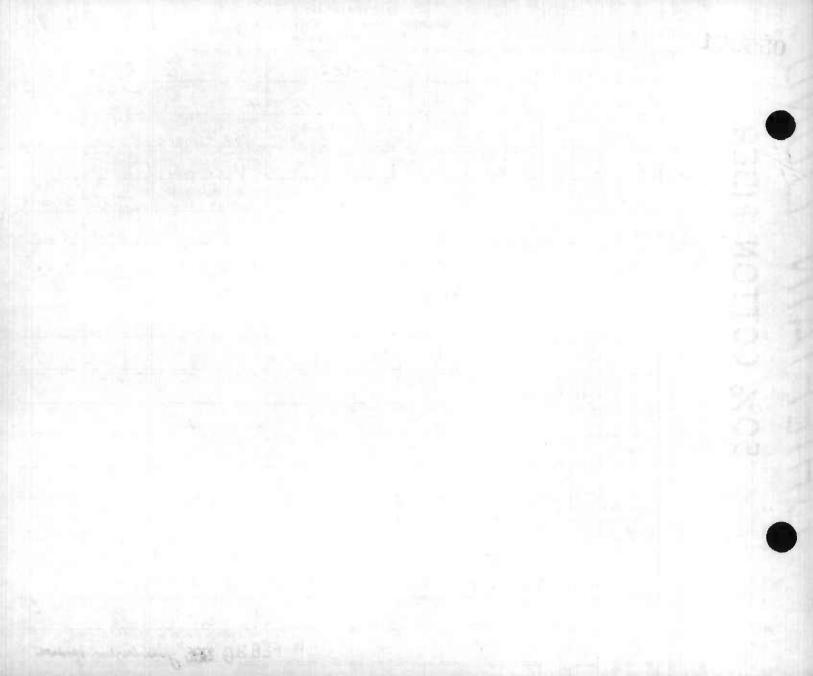
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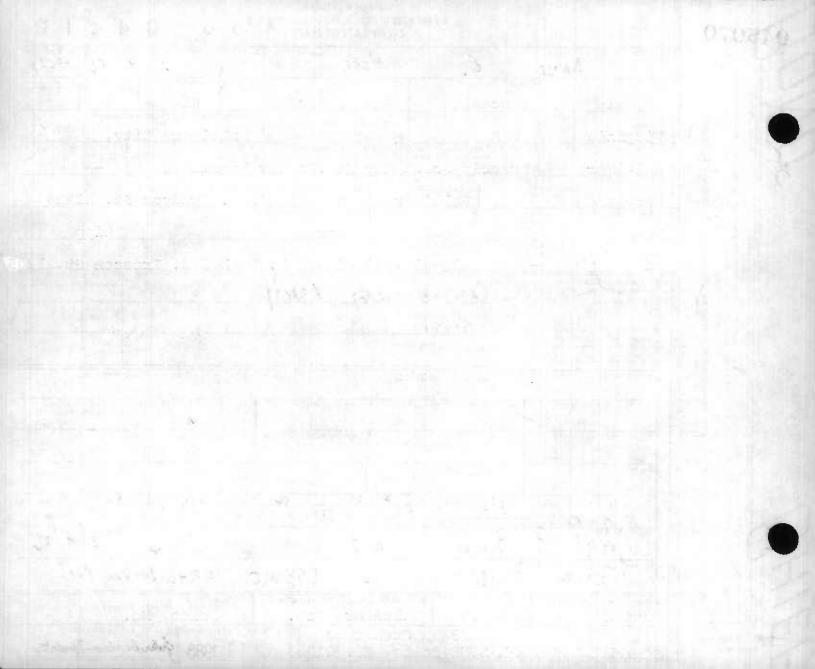




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	m.e	Ī	DECEA	SED NAME	FIRST		MIDDLE		th	DOK	2	a. DATE C		MONTH Z	9	86	26. HOUR 9 14 P
0	poge		3. SEX		(10.02	4 RACE		5.	DATEO	F BIRTH	6	AGE (IN	YEARS LAST BIRT	THDAY)		RIYEAR	# UNDER 24 HRS
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1	5 4	4		R TOWN OF DE	ATH	11. NAME OF	HOSPITAL,			ROTHER INSTITUTION		20 USUAL	OCCUPATION FOR MOST O	ION	12b.	KIND OF	BUSINESS OR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	uny, or			RT 2 OTHER SIG	NIFICANT	CONDITIONS	ONTRIBUTIN	NG TO DEA	TH BUT	NOT RELATED TO T	HE TERMIN	IAL DISEA	SE OR CON	DITION G	IVEN IN	PART Ito	C. C. D. F.
080	int. The		CERTIFICATION 041	DATE OF OPERA	TION	19h COND	ITION FOR	WHICH OP	FRATION	N WAS PERFORMED)	20a AUT	OPSY?	70h. IF Y	ES. WER	E FINDIN	GS USED
REC	ne prince in second	4	FF									YES 🗍	NO	IN CERT	YES I	CAUSES	OF DEATH?
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8	DIRE ho	Я	721	SIGNATURE	1 1	3 3.	- 01			DEGREE ATTEN	IDING	MEDICAL	STAF	e e	22	C. DATE	GIGNED
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	BP			RALDIRECTOR		14/13/						REC'D. BY	REGISTRAR			SIGNATI	JRE
DH/	MH - 16 50M 4/83			NAME		TDAT I	23	Service D	em	us La	777.3.7				-		



					STAT	OF MARYLAND			
052006	1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6 0	4 4	1 1
4 74		CEASED NAME FIRST DOROTH		F.	HOOK	AST	FEB. 14, 1986	DAY YEAR	26 HOUR
1 40	3. S&)		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
2 25	1	Female	Whit	e	MONTH	3-29-1925 YEAR	60 YRS	MONTHS DATS	HOURS MIN.
1 11 86	7a BI	RTHPLACE (STATE OR FOREIGN OUTPRY) Pennsylvania	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR COUNTY BALTIMORE CITY	OF DEATH	MD
	2.I	TY OR TOWN OF DEATH SALTIMORE	11. NAME OF I	HODE THE	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF		F BUSINESS OR
TEX.	/	AL RESIDENCE (IF NURSING HOME OF 131) COUN	OTHER INSTITUTION NTY	13c. CITY OR TOWN	admission)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	17320	779
		Thomas Conway	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	garet Marlow	LAS	τ
IN BO	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	208-16-7	7558	17 INFORMANT	Templeton 6124 A		
17.00 8/28	W	18 CAUSE OF DEATH /Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per D BY: IE CAUSE (a)	line for to), (b), and	ofic	Shock			MATE INTERVAL DINSET AND DEATH
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by the the common of the commo		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OI	R AS A CONSEQUE	NCE OF	id Carcinomy	, metastatic	one	yean
equires Then pla to bytes injury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIV	EN IN PART 110	
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CLAN. T. Phylic. T. Phylic. D. Ph	AL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 F	ART I OR PART 2)	
C Process	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE		ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TOR AN		220 1 certify that (1) This haspi saw the deceased olive on above (1) we) (did) (did no			2	nd that in (my) (our) opinion of		19 86	tha (I) (we) lost
To Differ Control of C		22b. SIGNATURE	1 View the bady	hrs.	,	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED / Ph
HOSPITA FUNERA FUNERA THE SOU		22d. PHYSICIAN'S NAME TYPE O	1 -	vahia		22e ADDRESS	St. Johns	Mordans	No suital
69 Philip	23a E	SURIAL, CREMATION, REMOVAL			IAME OF C	EMETERY OR CREMATORY	23d LOCATION	-	7171)
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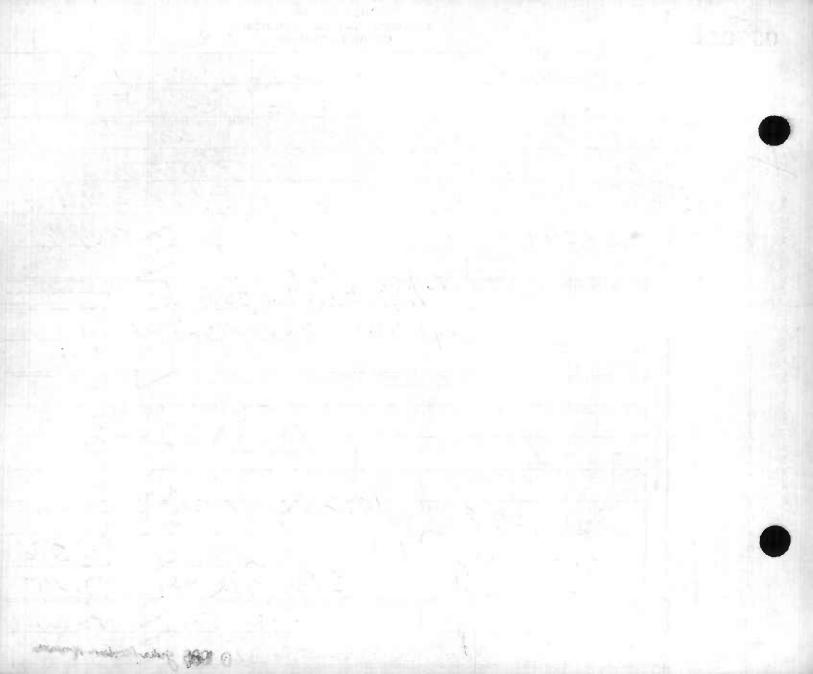
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or, p	3. SE		4 RACE		5. DATE C	DAY YE	AR	IN YEARS LAST BIRT	HDAY) IF UP	HS DAYS	IF UNDER 24 HRS
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BALTIMORE, MARYLAND 2 cote be executed within 24 h ystion and fampletely filled opers. Page 1 and 2 should b you.		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? I	66 SOCIAL SECU 214-14- (0842	Viola	Brook	ADDRES	27 8.	Carl	for di
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the ottending physician. After this certificate has been signed to st the buriol-tronsit permit. Then plea the ond Mental Hygiene prior to buriol orked or them 18 shows ony injury, or a proper or them 18 shows ony injury, or a property or them 18 shows ony injury, or a property or them 18 shows ony injury, or a property or a prope	MEDICAL CER	?10. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M	. MONTH DA	AY YEAR	21c HOW INJURY C	OCCURRED (ENTE	R NATURE OF INJUR	Y IN HEM IS PART I	OR PART 2)	
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TAL OR Ay the hord of the Direct of the Depth of the Dept		226. SIGNATURE Kas	und .	NS.		PEGREE ATTEND PHYSIC	ING MEDIC	AL STAF		DAJES	9136
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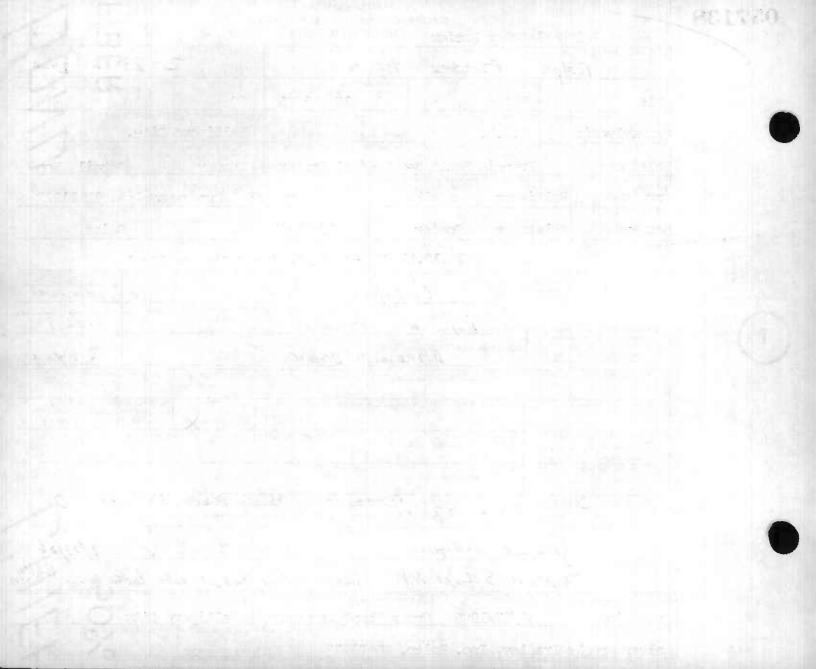
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24 Ho	ould must	3	13a S	L RESIDENCE (IF NURSING TATE 13)	COUNTY	ER INSTITUTION	136. CITY OR T Balti		13d INSIDE CI	ITY LIMITS?	13e STREET ADD	RESS / ZIP CO	St. 2123	31
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END 101	Hee			220. I certify that (I) (the saw the deceased of		attended the	deceased fro	20		_, 19	death accurred on	the date and h		, that (1) (see) last
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			23e B	URIAL, CREMATION, REA	MOVAL 2	3b. DATE		23c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATIO		COUNTY	STATE
BP_			24 Et	Burial INERAL DIRECTOR		2/14/	86	Garri	son For	est Ce		ngs Mil		TUDE
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moy be poge 3 er death		CEASED NAME FIRST OR PRINT) LUVA	//A	Ho)	OSON DE BIRTH	26. DATE OF DEATH	2 14	YEAR 26 HOUR DERIYEAR IF UNDER 24 MRS
ge 4 r ector, irs offe	F	EMALE	Black	MONI	7 83	82	YRS.	S DAYS HOURS MIN
	7a B:	RTHPLACE ISTATE OR FOREIGN DUNTRY) 291NIA	76 CITIZEN OF WHAT COUN	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF D	EATH
# 133	10,0	ACTIO.	11. NAME OF HOSPITAL, NI (IF NOT AN SUCH FACILITY GIVE		DR OTHER INSTITUTION	124 USUAL OCCUPATION	F WORKING LIFE) IN	KIND OF BUSINESS OR DUSTRY
filled in build be month be	13a :	AL RESIDENCE (IF NURSING HOME COUNTAINE)	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	E. B;	dale St
BALTIMORE, MARYLAND cate be executed within 24 apers. Pages I and 2 should avoi. 11, the medical examine: mu	14. F/	ATHER'S NAME	HOUSE BAIS	COM	15. MOTHER'S MAIDEN NAM	ME MIDDLE	Basker	RIVIE
n and sh		VAS DECEASED EVER IN U.S. A. (IF YES, GIV	RMED FORCES? 166 SOCIAL VE WAR OR DATES)	SECURITY NO.	Char	ADDRE	SS	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BJ. ING PHYSICIAN: The low requires that the death certificat r aftending physicion. Wher this certificate has been signed by the attending physicion os the buriol-transit permit. Then please remove carbon pap th and Mental Hygiene prior to buriol, cremation, or removo arked or Item 18 shows any injury, or other troumatic event,	NO	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT	ED BY: VIE CAUSE (0) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS		or a large of the term	MILLERY ASI	DITION GIVEN IN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	204 AUTOPSY? YES NO	206. IF YES, WER IN CERTIFYING YES [RE FINDINGS USED CAUSES OF DEATH?
O HOSPITAL OR ATTENDING PHYSICIAN: T etained by the hospital or ottending physicia TO FlunERAL DIRECTOR. After this certificate should be detached for use as the buriol-transit with the State Dept. of Health and Mental Hygi	MEDICAL	THE SIGNATURE ALL THE PHYSICIAN'S NAME (THE COMPANY)	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	19 PFFICE, FARM, ETC.) TOM 19 10 10 10 10 10 10 10 10 10 10 10 10 10	21c. HOW INJURY OCCURE 21f. LOCATION STREET 19 and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 22e, ADDRESS	CITY OR TOW Local Control on the do COURT CONTROL STAR	to ond hour and	ounty state , that (I) (we) los
BP	7	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY At. MEM. AK	23d LOCATION CITY OR TOWN	el count	MARYLAND
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007100	+	- STATE		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 6	0 4 4 1 5
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e Cm €		PE OR PRINT) Ralah	Fletcher	Hosier	2-	23-86 740A M
may be	3 S	1 - 11 17	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
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Poor Poor	0	BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	
deoth deoth		ennsylvania	U.S.A.	WIDOWED DIVORCED	Baltimore Ci	2 · · · · · · · · · · · · · · · · · · ·
S offer		altimore	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) ADDRESS) Py Medical Center	12g USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKE Manager	ing life) 12b. KIND OF BUSINESS OR INDUSTRY Retail Food
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on. hos bee permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
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TTENDIN prital or TOR. Af- for use o of Health			ottended the deceased from 2219		death occurred on the date and	thour and from the causes stated
the hose of DIRECted to Dept to Dept if Hem		226 SIGNATURE	And Andrygen	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF L	22c DATE SIGNED 7/23/86
TO HOSPITAL retoined by the TO FUNERAL Is should be detoined with the State IMPORTANT. IF	/	22d PHYSICIAN'S MANE THE	and Schops N.	22e ADDRESS	e Medicia Center,	Eastern Arme Balto
0 to 0 to 1 1	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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DHMH - 16 50M 4/83 (VRA 15, 4)		FUNERAL DIRECTOR	adley Inc Balto		TE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE
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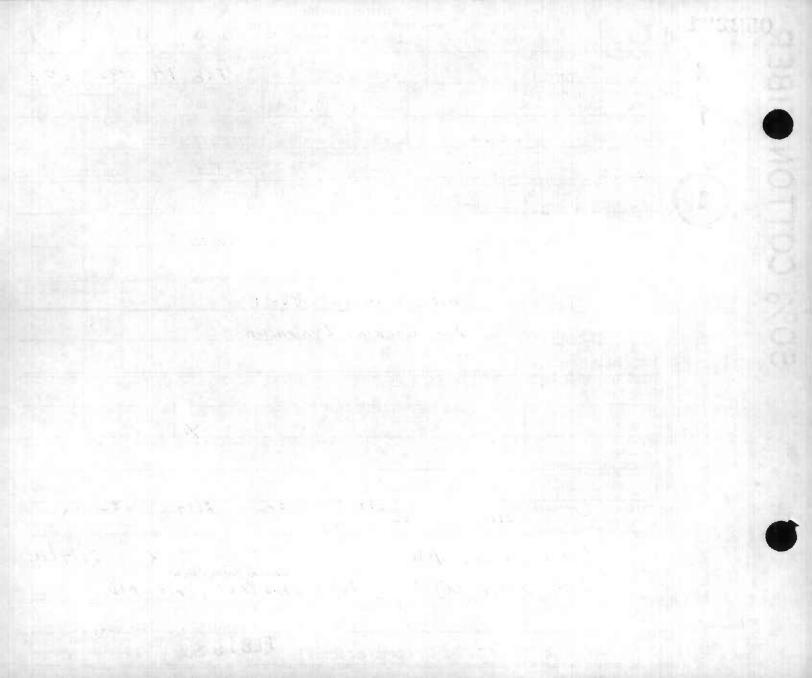
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

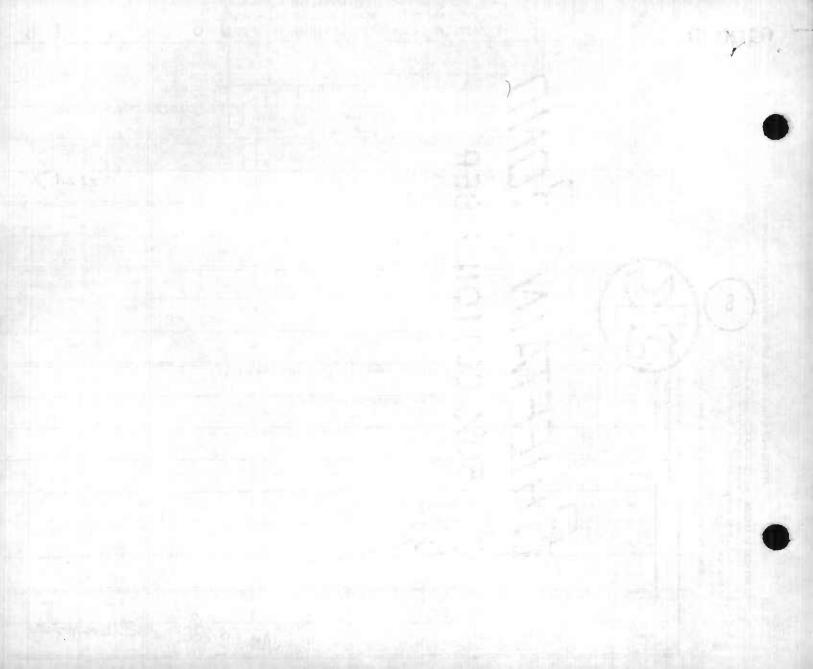
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1		EASED NAME	FIRST		MIDDLE	Ĺ.	AST		20. DATE OF D	EATH	MONTH	DAY YEAR	2b HO	UR
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1	1	Male		White		Decer	nber 10,	1942	43		YRS	MONTHS DATS	HOURS	MIN
4	Tu. 1016	THELACE THATE OF	OREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE	CITY		TY OF DEATH		
d	N	Maryland		U.S.A.		WIDOWE	NEVER MA	RCED	BALTIM	ORE	CITY			MD
7		TY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN	IG HOME C			120 USUAL OC	CUPAT	ION	126. KIND (IESS OR
		LTIMORE AL RESIDENCE (IF NURS		UNION N	MEMORIAL I	HOSPIT	ral		Plumbe	er P	OF WORKING	Conner		olumbir
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		PART I. DEATH W	AS CAUSED	BY			CNARY	ARRES	T				V-1301 1-11	
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		Canditions, if ony,	which	(b)_	NON H	ODGK	INS LY	MPHON	IA					Trigodis.
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	TION													
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?	2000	OR CONTRIBUTING		HOUR A		AY YEAR	ZIC HOW INJU	JRY OCCURRE	ED (ENTER NATUE	RE OF INJU	JRY IN ITEM 18	PART : OR PART 2)		
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		22a I certify that (1)		al) attended the	ne deceosed fram_ 10		ed that in (my) (a		to	2/14		, 19 8 6	thot(II)	(we) lost
1		abave, (I) (we) (a		view the bady	after death.		DEGREE	or, aprinari ar	com occorred (of the d			SIGNED	
Ì		THE SIGNATURE	1,	3.1	11/17	7	ATI	ENDING _	MEDICAL	STA	FF 🗸	2 DATE	114	101
		22d. PHYSICIAM'S N	AME LIVE OR	PRINTI	en 1011		22e ADDRESS		DIRECTOR -			1 4	171	06
1		/	-	BUDIN	(117)		201 F		PKWY	12)/'	MA		
1	23a B	URIAL, CREMATION,			73, N	JAME OF C	EMETERY OR CR		123d LOCATIO) [/]	401	1 00		
		Burial	KEMOTAL				e Park (CITY OR	TOWN	Rol a	COUNTY		STATE
		INERAL DIRECTOR						250 DATE	PEGD. BY REG	SISTRAR	25b REGIS	to Co.,	TURE	-
	Bu	rgee-Henss	Funer	al Hom	e, Baltim	ore.	Maryland	E	EB 19	198	5	- anul deer		لنعما
	-						, ,						,-	

DHMH - 16 60M 7/84 (VRA 15, 4)



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9	STATE REGISTRAR		MED	DICALE	XAMINE	R'S CE	RTIFIC	CATEO	F DEA		REG.		4 4		8
0 1.0	ECEASED NAME	FIRST		WIDDLE		LA	ST			20. DATE OF	KNOWN ESTI-	X MON	IH DAY	YEAR	26 HOUR
		JOHN					HEY				MATED		3	19 86	1
3. S	Male	Black	5. DATE OF BIRTH 9-15-46	YEAR	AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS		HOURS	MIN.	PRONOU DE AL	NCED	1	3	1986	7:20
7a.	BIRTHPLACE (ST	ATE OR	76 CITIZEN OF WH	AT COUNTR	RY? 8	MARRIED	□ NEV	VER MARRI	IED X	9 BALTIA	MORE CIT	Y OR COL	JNTY OF	DEATH	
N	orth Car	rolina		. A.		VIDOWED		DIVORC				e Cit			ME
1	CITY OR TOWN		11 NAME OF HOSP	HITY, GIVE STRE	ET ADDRESS)	R OTHER	INSTITUT	TION		JAL OCCL		(TYPE OF WO		IND OF BU OR INDUSTI	
	altimor		Provide			196		N DE	Cor	stru	ctio	n			
	STATE	136 COUN	DROTHER INSTITUTION, GIVE TY	13c. CITY O	RTOWN		Id INSIDE CI	ITY LIMITS?	13e STR	EET ADDR	ESS		2	121	>
	aryland			Balt	imore	100	YES C	NO 🗆	220	Lib	erty	Heig	hts	Balto	MD.
7	FATHER'S NAME		MIDDLE	Į.A.	ST	1:	S. MOTHE	R'S MAIDE	EN NAME		MIDDLE			LAST	
	ill	D EVER IN U.S. AR	HED CONCESS	Hugh	AL SECURITY N	0 1	Anni			100	B.	ECC	Doug	lass	
	YES, NO, OR UNKNO		WAR OR DATES)	100. SOCIA	AL SECURIT IN							ville			
_N			ly ane cause per line f		-76-603	4	Gerai	ldine	Ste	zenso	n Rt	e. 1,		397	
TION	gave ris cause (a) lying cau	GNIFICANT CONDITIONS	DUE TO, OR A	UT NOT RELATED	D TO THE TERMINA				RT 1 10 .						
HCA.	190 DATE OF	OPERATION	196 CONDITI	ION FOR W	HICH OPERAT	ION WAS	PERFOR/	MED?					20	AUTOPSY	
MEDICAL CERTIF	HINDERLYING	NG CAUSE OF		MONTH E	19			OCCURRE	D (ENTER)	NATURE OF IN	NJURY IN ITEA	A 18 PART 1 O	R PART 2)	YES 🗶	NO 🗌
MED	WHILE AT WORK	NOT WHILE C	21e PLACE O STREET, FACTO	ORY, FARM, ETC.		211 LOCA STRE				CITY OR TO	OWN		COUNTY		STATE
230.	22a I certification of the control o	ry that I took charged from: Notus	M. Dixon	Accident M.D	, Suicio	A D	Hamici TITLE (SF ASS	pecify) istan 111 P	Under	St.,	MINER	o., N	TE		
	(SPECIFY) BU	irial	1-9-86	Mira	nda Pr	esby	teria	an Ch		Mec.	klen		OUNTY	NC.	ATE
24.	FUNERAL DIREC	TOR	ADDRESS		269 10								Adigna	Iplande	
Ba		iglass Fu	neral Home	e 1348	N. Ca	Ihou	n St	JA	N	2 120	1			-	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 052081 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LASI (HUGHES) 20 DATE OF DE TH MONTH FEB12 (TYPE OR PRINT) NNA Elizabeth 4 RACE BIRTH MAY 31, 1913 6 AGE (IN YEARS LAST BIRTHDAY) 3 / 75 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH. MARRIED NEVER MARRIED more WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTR Tred Houseville - Homemaker Baltimon USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 137 COUNTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore Co. BALKMORE (21227) 3302 BEro Road YES T NO K 15 MOTHER'S MAIDEN NAME LASI FORE LUCTETIA DIVE BUTKE 17 INFORMAN (NETHEN) 836-3725 3733 Bublin Road ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. LAWFENCE W. FOARd Darlington, Margary 21034 BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per lipe for to), (b), and PART I. DEATH WAS CAUSED BY: Arrest Slow IMMEDIATE CAUSE (0) Metastasis Conditions, if any, which gave rise to immediate couse to storing DUE TO, OR AS A CONSEQUENCE OF underlying cause host RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO X NO F 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on 2 and that in (my) (aur) opinion death occurred on the date and hour and fram the causes stated obove, (1) (we) (and) (did not) view the body ofter death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23g. BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION SPECIFY) Feb. 14,1986 Providence MEthodist CEM. Fallston, Harbord Co, Maryland 2104

50 W. Broadway & Williams St.

BET Air Maryland 21014

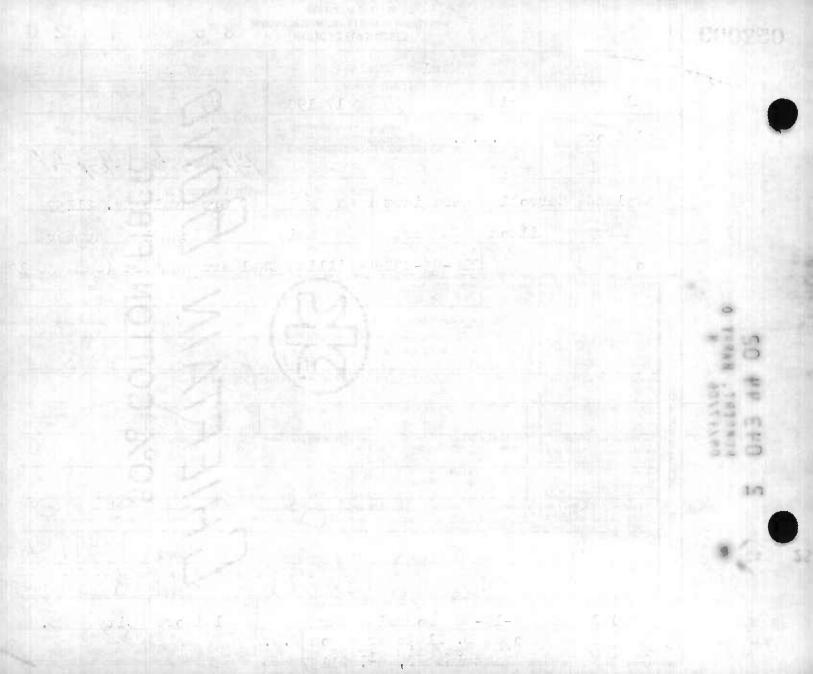
25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

na Day aser francisco

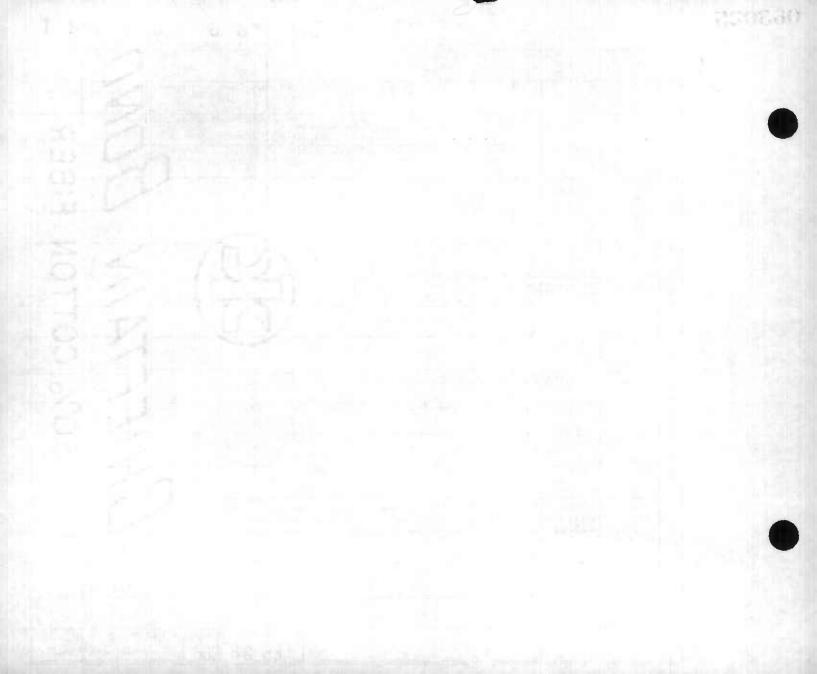
DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR WIRAM FOSTER

I have the company of the pass ENGLISHED THE STATE OF THE STAT The state of the s MIRE A SERVICE

052009	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 0 U 4 4 2					
me	1. DECEASED HAME - FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	20.1100K #4				
og A	HARRY		HUMBERT	FEBRUARY 16, 19	1;22 _M				
0 10	Male Male	White	S. DATE OF BIRTH		UNDER TYEAR IF UNDER 24 HRS				
	Baltimore	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY C BALTIMORE CITY					
	0. CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HOPKII	NG HOME OR OTHER INSTITUTION ADDRESS! NS HOSPITAL	120 USUAL OCCUPATION (1196 OF FURK FOR MOSTOF WORKING LIFE)	12b. KIND OF BUSINESS OR				
135	13a. STATE 131 COL	DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JUNTY 13c. CITY OR TOW	E ADMISSION)	13. STREET ADDRESS / ZIP CODE 40 Greenvale	Rd 21157				
1 12 11	TI FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME					
1 11/100	Harry	willton Humbe	ert Lamie	Michael	Humbert				
11 16	(YES, GOOR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17. INFORMANT	ADDRESS					
	No	216-05-	0329 Lillian C	halmers Humber					
		only one couse per line far (q), (b), on SED BY: ATE CAUSE (a) (A CALO)	Immary arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SCOTOS				
		DUE TO, OR AS A CONSEQUI	ENCE OF						
and divine	Canditions, if any, which gove rise to immediate	(16) REspirent	ory Compronsise		nunutes				
o.	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	Mills cytic lands	Wa	weeks				
	NO	CONDITIONS CONTRIBUTING TO	DEATH [®] BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	NIN PART 1(a				
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO YES					
ding Christian Secretifical Buria (Christian)	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM TB PAR	T 1 OR PART 2)				
fer this os the burner or ked or	(IF EITHER NOTIFY MEDICAL EXAMIN WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
ATTENDIII spitol or CTOR: A for use of Healt		n HB 14 16 19 8 1011 view the bady after death.		death accurred an the date and hour of	nd from the causes stated				
Pare He	22b. SIGNATURE	y RSutohun	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR □ PHYSICIAN (2)	221 DATE SIGNED 2 16/86				
TO HOSPITAL TO FUNDAL should be dep with the Stori	22d. PHYSICIAN'S NAME (TYPE	Sutphen m	D Johns Ha	N. WOLFE STREET-BA	Balto MD 721205				
7 5 5 7 3 ₹	230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY V	23d LOCATION	COUNTY STATE				
BP	Burial	2-19-86 Lo	rraine Park	Baltimore (City Jd.				
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTORY	Thomas D. Fle	tcher & Son F.M.	E REC'D. BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE				



063025	1	1 - FOR STATE REGISTRAR	DI	EPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL ICATE OF DEATH	HYGIENE 8 6	0 4 4 2	1
	5/	. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	L	AST	20. DATE OF DEATH		HOUR
tor, page 3 offer death	6	Ernest		Hutchi	ison	February	24, 1986	M
of Park		3. SEX	4 RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B		UNDER 24 HRS
ge 4		Male	Black	S. DATE C	314	7 89	YRS.	URS MIN.
leoth. Po inerol dir in 72 hou of once.	0	(STATE OR FOREIGN ALA.	76. CITIZEN OF WHAT COL	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Paltimone	OR COUNTY OF DEATH	MD.
soffer of the full of the full of with	O	Baltimore	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI 2518 MCCU]	loh Street		120 USUAL OCCUPAT	TION OF WORKING LIFE) 12b. KIND OF BU INDUSTRY	
AND 213	5	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 130. COU	NTY 113, CITY C	CE BEFORE ADMISSION) OR TOWN IMORE	13d. INSIDE CITY LIMIT YES NO	S? 134-SIREET ADDRESS MCCUL	LOH STREET 2121	17
MARYLA ted within ompletely ond 2 sh	2	4 FATHER'S NAME UNKNOWN	MIDDLE t	AST .	UNKNOW		LAST	
MORE, nond ePoges	1	MAS DECEASED EVER IN U.S. A		01-8813	HELEN HO	LLAND 2518 MC	RESS CCULLOH STREET	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physicion. When this certificate has been signed by the oftending physicion and completely filled in by as the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be filled the ond Mental Hygiene prior to burial, cremotion, or removal.	9	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR	NG TO DEATH BUT		200 AUTOPSY?	NDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	USED DEATH?
YSICIAN: The ding physicions is certificate houriel-tronsit. Mental Hygies or feen 18 shoot feet feet 18 shoot fee	6 1			TH DAY YEAR	21c. HOW INJURY OC	YES NO		<u> </u>
NG PHYS offer this of the burner of the burn	1	OR CONTRIBUTING CAUSE OF DE	218 PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
TO HOSPITAL OR ATTENDIT retoined by the hospitol or TO FUNERAL DIRECTOR. A should be deteched for use a with the Stote Dept. of Heolt MPPORTANT: If them 21 is mo	1	Harry M.	Harris, M	19 84 7. or	DEGREE ATTENDIN PHYSICIA 270. ADDRESS 300 Arm	IG MEDICAL STA IN BEDIFFECTOR PHYSI	date and hour and from the couse	
	1	30. BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMATO	CITY OR TOWN	COUNTY	STATE
BP		BURIAL 4 FUNERAL DIRECTOR	2-28-86	EAS	TVIEW	BALTIMOR		AND
DHMH - 16 60M 7/8- (VRA 15, 4)	4	March Funeral Ho	mes 1101 East	North Av		FFR 28 1986	25b. REGISTRAR'S SIGNATURE	delle

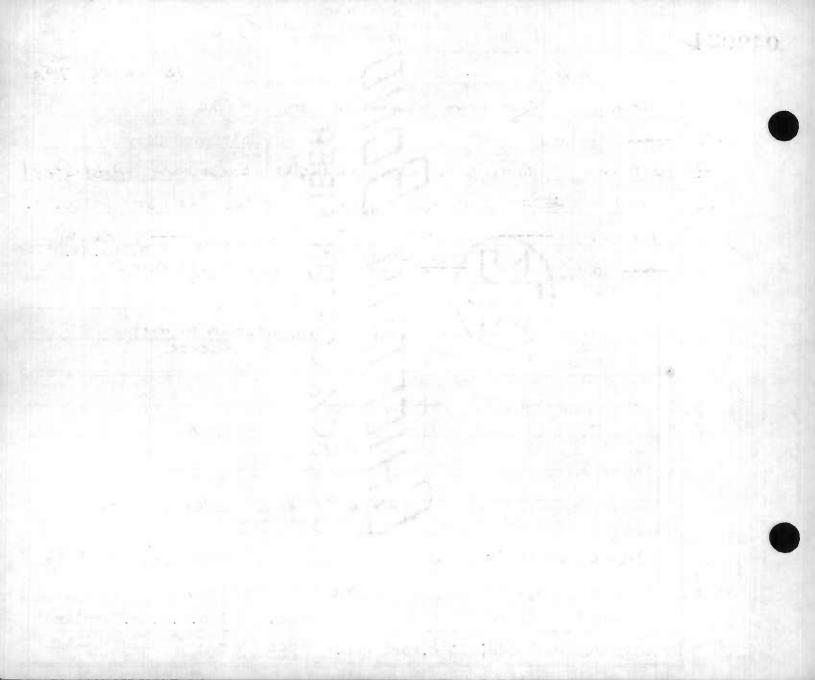


		FOR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MEN	TAL HYGIENE	6	o a	101	9 9
34		STATE REGISTRAR		CERTIFICATE OF DEAT	TH S	REG. NO.	0 4	Eliago	the Con
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE	OF DEATH MO			2b. HOUR
		Albert		Hynson		13) 15	- 0	715A
	3. SEX		4 RACE	5. DATE OF BIRTH	YEAR	N YEARS LAST BIRTHDA		UNDER I YEAR	HOURS MIN
			(Gucesien	4 30	09)6	YRS.		
00	la. BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARR	RIED 9 BALTIN	ORE CITY OR C	OUNTYO	FDEATH	
20		Maryland	USA	WIDOWED DIVORC	CED Bal	timore	City		٨
310	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUT		OCCUPATION		126 KIND O	OF BUSINESS O
10	Bo	* * * * * * * * * * * * * * * * * * * *	South Balton	nove General Hos		person		Bota	hatee
bo		L RESIDENCE (IF NURSING HOME OR TATE 136 COUN			IMITS? 138.STREE	ADDRESS / ZI	P CODE	2	1230
27		MD	10 11.	MOVE YES NO			c 5+	Ba:	lto.Md
	14 FA	THER'S NAME	TZAL SIDDIN	15 MOTHER'S MA	IDEN NAME	WIDDLE			
00		Melvin -	HYNS	on Flore	na			Bo	oth
		(AS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL SE	CURITY NO 17 INFORMANT		ADDRESS	Ba		VId.212
1		STHE NO	STR.	Lillian	Hynson	1623	Race	5+	
4		18 CAUSE OF DEATH (Enter onl	ly one couse per line for (a), (b),						XIMATE INTERVAL LONSET AND DEATH
		PART I. DEATH WAS CAUSED	ECAUSE (0) Cardio	pulmonery	Arrest				
			DUE TO, OR AS A CONSEC						
			DOL 10, OK 10 11 CO 110E						
		Conditions, if any, which	(b) cardio	myopatum,	Arteriose	(erotic	Herry	200	
		Conditions, if any, which gove rise to immediate couse (a), stating the			Arteriose	disease	Hecrt-		
		gove rise to immediate	DUE TO, OR AS A CONSEG		Avteriose	disease	Hert-		
ry, or other trans		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEG			Hispese	•	IN PART I	0
	NOI	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEG	DUENCE OF		Hispese	•	IN PART I	0
7	CATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECUTION OF THE CONTRIBUTING TO	DUENCE OF	THE TERMINAL DISEA	ALSE OR CONDITI	ION GIVEN	VERE FINDI	NGS USED
Z	TIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECUTION OF THE CONTRIBUTING TO	OUENCE OF	THE TERMINAL DISEA	ALSE OR CONDITI	ION GIVEN	VERE FINDI	
7	CERTIFICATION	gove rise to immediate couse lat stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECUTION OF THE CONDITION OF THE CONDITION FOR WHICH THE CO	O DEATH BUT NOT RELATED TO THE CH OPERATION WAS PERFORMED TO THE CHOOSE OF THE CHOOSE	THE TERMINAL DISEA	TOPSY?	ION GIVEN IE YES, W CERTIFYIN YES [VERE FINDI	NGS USED S OF DEATH?
2		gove rise to immediate couse lab stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	O DEATH BUT NOT RELATED TO THE CH OPERATION WAS PERFORMED TO THE CHOOSE OF THE CHOOSE	THE TERMINAL DISEA D 200 AU YES	TOPSY?	ION GIVEN IE YES, W CERTIFYIN YES [VERE FINDI	NGS USED S OF DEATH?
29		gove rise to immediate cause a stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSEGUIC. ONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 196 CONDITION FOR WHICE 197 CONDITION FOR WHICE 198 CONDITION FO	ODEATH BUT NOT RELATED TO TO THE CHOPERATION WAS PERFORMED TO THE	THE TERMINAL DISEA D 200 AU YES	ASE OR CONDITI	ION GIVEN IE YES, W CERTIFYIN YES [VERE FINDI NG CAUSE!	NGS USED S OF DEATH? NO
29	MEDICAL CERTIFICATION	gove rise to immediate cause Ia. stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSECTION OF THE CONDITION OF THE CONDITION FOR WHICH THE CON	ODEATH BUT NOT RELATED TO TO THE CHOPERATION WAS PERFORMED TO THE	THE TERMINAL DISEA D 200 AU YES	TOPSY?	ION GIVEN IE YES, W CERTIFYIN YES [VERE FINDI	NGS USED S OF DEATH?
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29		gove rise to immediate cause Ial stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21d INJURY OCCURRED 220.1 certify that (1) (this hospit	DUE TO, OR AS A CONSECTION OF THE PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE OI) attended the deceased from	DAY YEAR 19 711. LOCATION STREET	THE TERMINAL DISEA D 200 AU YES OCCURRED (ENTER	ASE OR CONDITI	ON GIVEN ON GIVEN ON CERTIFYIN YES [INTERN 18 PART	VERE FINDING CAUSES OF PART 2) COUNTY	NGS USED S OF DEATH? NO
29		gove rise to immediate couse lat stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	DUE TO, OR AS A CONSECTION OF THE PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE OI) attended the deceased from	DAY YEAR 19 711. LOCATION SIREET	THE TERMINAL DISEA D 200 AU YES OCCURRED (ENTER	ASE OR CONDITI	ON GIVEN ON GIVEN ON CERTIFYIN YES [INTERN 18 PART	VERE FINDING CAUSES 1 OR PART ?] COUNTY	NGS USED S OF DEATH? NO
29		gove rise to immediate couse lat stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACTIVITY MEDICAL EXAMINER; 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospit sow the deceased alive on obove, (1) (we) (did) (did not obove, (1) (we) (did) (did not obove, (1) (we) (did) (did not obove, (1)) (did) (did not obove) (1) (did) (did) (did not obove) (1) (did) (did not obove) (1) (did) (did not obo	DUE TO, OR AS A CONSECTION OF THE PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE OI) attended the deceased from	DUENCE OF O DEATH BUT NOT RELATED TO TO CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET DEGREE ATTEN	THE TERMINAL DISEA D 200 AU YES OCCURRED (ENTER Opinion death occur	TOPSY? NOTA CITY OR TOWN red on the date of STAFF	ID. IF YES, WINCERTIFYIN YES [INTERNITY OF THE PART O	COUNTY	NGS USED S OF DEATH? NO STATE that (I) (we) lo couses stated SIGNED
		gove rise to immediate couse lat stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACTIVITY MEDICAL EXAMINER; 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospit sow the deceased alive on obove, (1) (we) (did) (did not obove, (1) (we) (did) (did not obove, (1) (we) (did) (did not obove, (1)) (did) (did not obove) (1) (did) (did) (did not obove) (1) (did) (did not obove) (1) (did) (did not obo	DUE TO, OR AS A CONSECTION OF THE PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE OI) attended the deceased from	DUENCE OF O DEATH BUT NOT RELATED TO TO CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET DEGREE ATTEN	THE TERMINAL DISEA D 200 AU YES OCCURRED (ENTER Opinion death occur	ASE OR CONDITI	ID. IF YES, WINCERTIFYIN YES [INTERNITY OF THE PART O	COUNTY	NGS USED S OF DEATH? NO STATE that (I) (we) locouses stated
IMPORTANT: If Hem 21 is morked or Hem 18 shows only injury, or other tran		GOVE rise to immediate couse Id. stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINE). 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 1 certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not 27b. SIGNATURE).	DUE TO, OR AS A CONSECTION OF THE PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE OI) attended the deceased from	DUENCE OF O DEATH BUT NOT RELATED TO 1 CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET O DEGREE ATTEN PHYS	THE TERMINAL DISEA D 200 AU YES OCCURRED (ENTER Opinion death occur	ASE OR CONDITI	ID. IF YES, WINCERTIFYIN YES [INTERNITY OF THE PART O	COUNTY	NGS USED S OF DEATH? NO STATE that (I) (we) lo couses stated SIGNED

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR McCully Funeral Home, 130 L. Fort Ave. 150 DATE REC'D. BY REGISTRAR 200 REGISTRAR'S SIGNATURE ...



042037	1/1.	FOR STATE	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTA	Test 844	04423
10 10	1. DE	REGISTRAR CEASED NAME FIRST OR PRINT)	MIDD) E	CERTIFICATE OF DEATH	REG. N	O. MONTH DAY YEAR 26 HOUR
may be	3. SE	Willia	4 RACE	S. DATE OF BIRTH MONTH DAY YEL YEL YEL YEL YEL YEL YEL Y	104 6 AGE (IN YEARS LAST BIR	2 - 4-86 1259 AM RIHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS ANN.
roge 4	7a Bi	RTHPLACE (N'ATE OR FOREIGN	White 76 CITIZEN OF WHAT COUNTRY?	1-24-0	BALTIMORE CITY O	YRS. PROUNTY OF DEATH
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rs other	8	altimore	11. NAME OF HOSPITAL, NURSIN JE NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	Spital 120 USUAL OCCUPATION OF WORK FOR MOST CONTROL Dye-press	DE WORKING LIFET INDUSTRY
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n and co		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRI	ena, Md. 21122
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on. hos bee t permit	CERTIFICATION	190 DATE OF OPERATION	19 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
CIAN. T physical children chil		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA		OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
3 PHYSI offerenting offerential the little and Mr	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F.	211 LOCATION	CITY OR TO	OWN COUNTY STATE
TENDING TO or of the or of the or of the or of the or		22a I certify that (I) (this haspit saw the deceased alive on	tal) attended the deceased from	December 3 , 19 B6 , and that in (my) (our) o	65 to February	ote and hour and from the causes stated
OR AT he hasp DIRECT ached for		obove, (1) (we) (did) (did no 22b. SIGNATU-I	3 Post of the body affer death.	DEGREE	DING MEDICAL STA	FF 30 DATE SIGNED
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TO HO should with the MPOI	23a 6	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	IAME OF CEMETERY OF CREMA	TORY 23d LOCATION	ST Ballmon 2123

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

(SPECIFY)

Burial

Feb.7,1986 24 FUNERAL DIRECTOR 3204 Mountain Rd. McCully Funeral Home/ Pasadena, Md. 21122

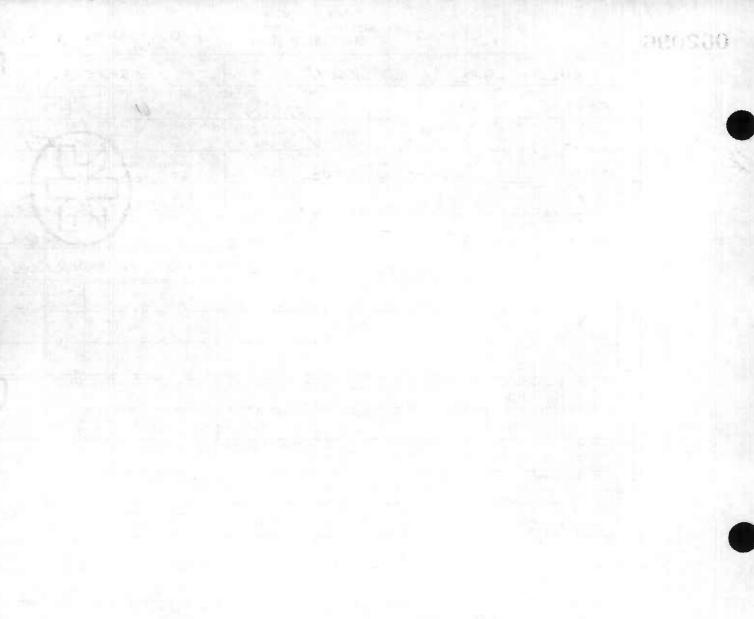
Baltimore, New Cathedral Cem. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FEBO 7 1986

- Maryland

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. Section 18 1 513 a y Tennadore, No. 21128 Burish For 7,1966 Men Derheural Com. Baltanare, - Hardina SEOA Mauntela Pr. A CANAL A LIBERTY OF THE STATE OF STATE AND A STATE OF THE STATE OF TH 1 - STATE

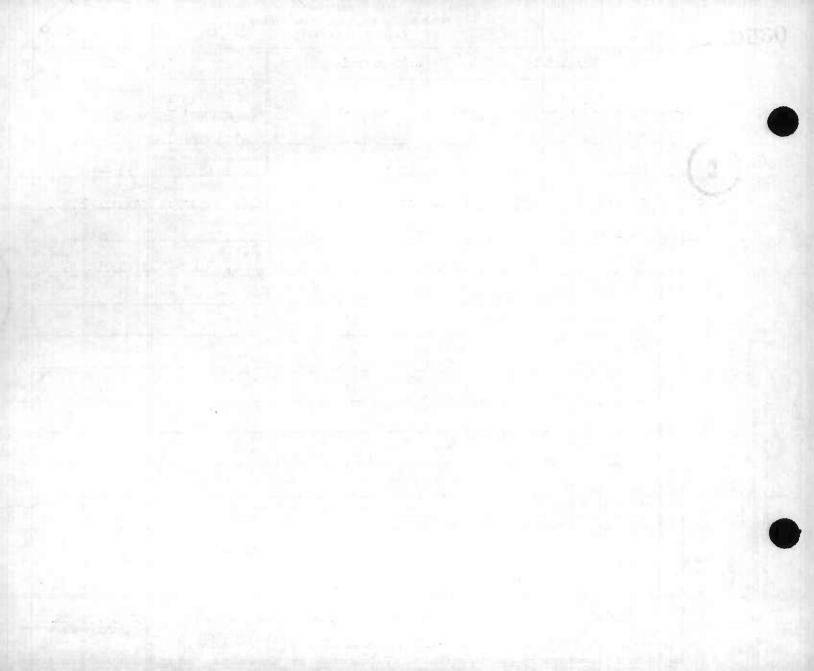
5	STATE OF I	MARYLAND	
DEPARTMENT	OF HEALT	H AND MENT	AL HYGIEN

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ottending ottending of the this of the bund My orked or it is of the bund My orked or it is often of the thing of the thin	MEDICAL	21d INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE F	ARM ETC]	211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE	
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oy the ho by the ho RAL DIRE detoched stote Dept		226. SIGNAFORE LA MA 22d. PHYSICIAN'S NAME (1) PE (1)	S. Se	ruple	LUL	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		10
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BP		Burial SPECIFY Burial	236 DATE 2-/-	86 W	esteri	Star Cenete		Co. Ma	/
DHMH - 16 60M 7/B4 (VRA 15, 4)	1	JINERAL DIRECTOR LILLAM C. Mar	ch F.H	- West 4	+300	Uphash FE	B 2 7 1986	25b. REGISTRAR'S SIGNATURE	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 05807 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATER REGISTRAR DECEASED NAME 20. DATE KNOWN K MONTH TTYPE OR PRINTI OF ESTI-Tyrone 2319 86 Jacobs S. DATE OF BIRTH 4 RACE A AGE UN YEARS IF UNDER 1 YR IF LINDER 24 HRS 2d. HOUR 2c. DATE 24 VDS PRONOUNCED 11/1/61 8:527 Black. 23 19 86 Male 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore WIDOWED DIVORCED Baltimore City, IG CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Laborer Johns Hopkins Hospital ---0---Baltimore 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore NO [921 Allendale Street 21229 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Tyrone Jacobs, Sr. Ann Jacobs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS Yes Lisa Jacobs, 921 Allendale St. 21229 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple gunshot wounds DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BE USED AS A BURIAL ENT OF HEALTH AND MEI BURIAL, CREMATION lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2:47XX Subject shot 211 LOCATION 218 PLACE OF INJURY (AT HOME. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC) STATE WHILE AT WORK TO AT WORK disco 1817 N. Charles St. Baltimore MD. 22a I certify that I took charge of the remains described above, held an Inspection Homicide XX Suicide death resulted from: Natural causes Accident ___ Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 2/23/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Balto, Md. (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 2/27/86 Baltimore. Maryland 07/84 Burial Arbutus Mem Park 24 FUNERAL DIRECTOR REGISLAR'S SIGNALAIRE DHMH - 17 Law Funeral Home 4611 Park Heights Ave. 21215 (VR A15 ME (5))

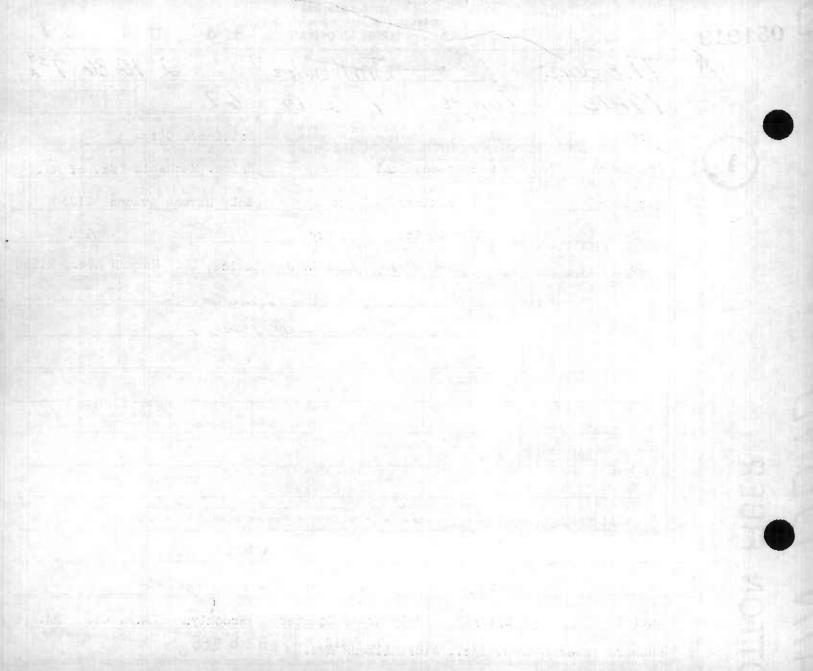
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bode 3		CEASED NAME FRST OR PRINT) Margaret	MIDDLE	Jakubo	wski		2/2/DAY 86 26. HOUR 17:45.
Poge 4 mo.	3. SE	F	RACE	5. DATE C	24 189	9 BALTIMORE CITY O	HDAY) IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. R COUNTY OF DEATH
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be execute on andicor		VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIA	36-7344	17 INFORMANT	s Home, 601 N	21228 Maiden Choice Lane APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death certificate signed by the attending physic Then please remove carbon pape to burial, cremotion, or removal niury, or other traumatic event, the	NO	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse 101, stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CON (c) CONTRIBUTIONS DOUBTIONS CONTRIBUTIONS	NSEQUENCE OF NSEQUENCE OF ESTIVE F	12ALT FA	'ILVAE	DITION GIVEN IN PART 110
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R ATTEND hospital of RECTOR. yard for use spt of Hea		22a certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not) 22b SIGNATURE	- 4/2	_19_66, or	DEGREE		, 19 , that (I) (we) los ote and hour and fram the couses stated 22c DATE SIGNED
TO HOSPITAL O efformed by the TO FUNERAL DI should be deficed with the State De IMPORTANT. If h		22d PHYSICIAN'S NAME (TYPE OR STEVEN J. G.		MD	22e ADDRESS	DIRECTOR PHYSIC	
BP		Burial Burial	236, DATE 2/5/86		EMETERY OR CREMATOR Heart of Je	sus Dundalk	Balto. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR INDUSTRIAL TUNERAL TO	Home, Inc.,	4107 Will 212	gens Ave. F	EB 6 25 1986	256 REGISTRAR'S SIGNATURE



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2 sh		THER'S NAME		MIDDLE	LAS	1	15 MOTHER'S MAIL	DEN NAME		MIDDLE	76-	LAS	7
5		John			Jarkie		Mary			Anna		Wola	
lico		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT			ADDRES			
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should be det with the State IMPORTANT:		M	16	Hmg	2/		15on	feco	u k	hop.	16		
23 ₹	23a_E	BURIAL, CREMATION,	REMOVAL	23h DATE		23c. NAME OF C	EMETERY OR CREMA	ATORY	23d LOCAT	ION		COUNTY	STATE
111,-31		urial	MIN N	2/17	/86	Holy Cr	oss Cemete	ery	Brook	1yn	A.A.	. Co.	Md.
6 50M 4/83	24 FI	UNERAL DIRECTOR	1,-1,-1					250 DALE	REC'D BY RE	SISTRAR	25h REGISTRA	Restanta	derin
15, 4)	H	ubbard Fun	eral :	Home, I	nc., 4	107 Wilk	ens Ave.	LED	10 13	000			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Stem # 1, 8/4/86 G-618, by F.H., Request, STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN



STATE OF MARYLAND 057143 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 2b HOUR CTYPE ON BUILDING CLIFTON 22 Lloud 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH July 23, 1913 White Male BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maruland U.S.A. Baltimore City WIDOWED DIVORCED T D CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore N. Charles General Hospital Bus Driver SUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 30 STATE 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 3619 White Ave. 21206 Md. Baltimore 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE Clifton Snitcher L. Jarrell, Sr. Elizabeth 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Matthews Crismer 12 Rolling Rd. N. (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 577-07-6888 WW II Ernestine ues 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) MY OCARDIAL INFARCT PART I. DEATH WAS CAUSED BY: ACUTE IMMEDIATE CAUSE (a) CARDIOGENIC SHOCK DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF LON PNELMONIA underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 RONCHITIS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a 1 certify that (1) (this hasperal) attended the deceased from_ 2/2210 86 saw the deceased alive an_ , and that in (my (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS CHOUVALIT. M.D 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) COUNTY STATE 0akLawn Baltimore, Md. Burial 2-25-86 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Filia Davidson-Mandalle (VRA 15, 4) Leonard J. Ruck, Inc. Baltimore, Md. 21214

CATTED.

.A .bu poilfor of committee M. N.

sp. mj. dijilim

045074

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

6 REG NO

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1		Balto.		1722 N	. Broadw	ay			Ho	mel	MAK	es	7031K1		
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	4 FA	THER'S NAME AKE	Λ	AIDDLE 1	uster		15. MOTHE	FIRST C	ME O	WIDDLE	4	Siii	then	Ilam	1
		VAS DECEASED EVER I		MED FORCES? WAR OR DATES)	66 SOCIAL SECT 214-16-5		17_INFORM	. Katie	Solom	ADDRI ion, B	99		nt S		
	N	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	which ediote the last.	DUE TO, OR	AS A CONSEQUI	ENCE OF	NOT RELATE	D TO THE TERM	INAL DISEAS	SE OR CON	DITION GI	IVEN IN I	PART 110		
7	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDIT	ION FOR WHICH	OPERATION	N WAS PERF	ORMED	20a AUTO	OPSY?	IN CERT	ES, WERE	FINDIN CAUSES (GS USED OF DEATH?	
- 4	MEDICAL CER	21a ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEAT	HOUR A.A	MONTH D	AY YEAR	21c HOW I	NJURY OCCURR	RED (ENTER NA	NTURE OF INJUI	RY IN ITEM 18.	PART I OR	PART 2)		
	WED	WHILE NOT WHILE AT WORK	LE C	21e PLACE C	OF INJURY ET, FACTORY, OFFICE, F	ARM ETC)	21f LOCAT			CITY OR TO	WN	CO	UNIY	STATE	
		220.1 certify that (1) (saw the decease above, (1) (we) (di	d alive on_	Januarys		on .	d that in (m)) (our) opinion o	, to death accurre	2 =	ate and ho	, 19 <u>8</u> ur and fr	om the c	hat (I) (we) la auses stated	5†
		226 SIGNATURE	la	~ Q	mlah	on,	MD	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF			2 - 1	0-86	
		Alan	Ad	elman	N, MD		600	Light	St	Balt	, M	D :	212.	30	ĺ
2	30 BI	22d. PHYSICIAN'S NAI Alan URIAL, CREMATION, R	Ad	elman	1, MD	NAME OF CE		Light	St 123d LOCA		e, M	D :	212.	30	2

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

IMPORTANT: If hem 21 is

Removal

24 FUNERAL DIRECTOR

The second

49020		FOR STATE REGISTRAR				TMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	8	6 REG. NO.	0 4	A	3 (0
9 84		CEASED NAME OR PRINT)	FIRST	Henry	MIDDLE		AST	20. DATE OF	FDEATH MO	NIH DAY	YEAR	2b HOU	R
moy be	3 SE	Y		4. RACE		5. DATE C	yroe	A AGE UNY	EARS LAST BIRTHD	7	86 UNDER I YEAR	IF UNDER	71 HPS
offe effe		lale		Black			-22-1917			MON		HOURS	MIN.
direct		RTHPLACE (STATEORE	FOREIGN		WHAT COUNTRY	_	-22-1917		RE CITY OR C	YRS.	FDEATH		
unerol un 72 h	Ma	nning S. Caro	olina	USA		MARRIE			imore C		DEATH		MD.
1	В	altimore		2867 E	ch facility, give stre dgecombe	Circl	e South		OCCUPATION K FOR MOST OF WI ANCE	ORKING LIFE)	12b. KIND C INDUSTRY Oupont		
1	130 5	al residence (# NURS STATE Maryland	13b COU	R OTHER INSTITUTION	I 36. CITY OR TO Baltimo	WN	13d INSIDE CITY LIMITS?		address/z re, Mary	land 2	2867 Ed 21215	gecomb	æ Cir
1	14 FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NO	AME	MIDDLE		(AS	ST.	
3 41-500	1	Otis			Jayroe	-140	Cathe	erine			Mack		
Pool 1		WAS DECEASED EVER YES NO OR UNKNOWN) NO		RMED FORCES? VE WAR OR DATES)	238-18-		Ida Lucille	Jayroe		Edgec more,			
ires, that the death gred by the arters in please semore of buriol, cremation, my, or other trauma	,	Conditions, if ony, gove rise to imm cause to statin underlying couse PART 2 OTHER SIGN	nediate ig the lost.	(b) DUE TO, O	OR AS A CONSEO	UENCE OF	NOT RELATED TO THE TERI	MINAL DISEAS	E OR CONDIT	ION GIVEN	IN PART 1	0	
the second secon	CERTIFICATION	CHICON 190 DATE OF OPERA	TION	RENA 196 COND	C FAIL	H OPERATIO	HYPER N WAS PERFORMED	200 AUTO	OPSY? 2	DE IF YES, W	VERE FINDI	NGS USEI	O 'H?
G PHISCIAN The attending physician or the certificial to the build-framit p and Membil Hygien and or them 18 sho-	MEDICAL CERTII	21g. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DE	ATH HOUR A R) P		19	216. HOW INJURY OCCUI 216 LOCATION STREET	YES RRED (ENTER NA	TURE OF INJURY IN	YES [OUNTY	NO [STATE
ATENDON gold or C CTOR. An for one or of Neath		220.1 certify that (1) sow the decease above, (1) (we) (c	(this hosp	2/5	19_	8/1	2 19 8/ and that in (my) (our) opinion	, to	d on the date	and haur ar		that (I) (v	
by the to by the to HAL DIRECTOR I detoched from Digits	1	224 PHYSICIAN'S NA	wa	neles	es M.	D.	Inc Charter	MEDICAL DIRECTOR			2/8 2/8	186	, ,
etismed 10 Fund the Manual American		IRA M	1.	MAN	DELL		1818 POT :	sprin		D. LU	THER	VILLE	MI
	230 F	BURIAL, CREMATION,	KEMOVA	ZJb. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCA	NOILE				

DHMH - 16 60M 7/B4

Burial 2/11/1986 Woodlawn Cemetery

14 FUNDATE PERIOR Sons Funeral Home, Inc.
2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VRA 15, 4)

y Baltimore, Maryland

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

oft p 72 H P d H

BALTIMORE, MARYLAND 2120

W. PRESTON ST.,

DIVISION OF VITAL RECORDS, 201

FOR - STATE

AAJD DU

THE CITIZEN OF WHAT COUNTRY?

4008 Belle Ave.

FIRST

EMMA

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

REGISTRAR

Female

TO BIRTHPLACE ISTATE OF FOREIGN

Balto.

ID. CITY OR TOWN OF DEATH

(YES NO OR UNKNOWN)

Unkn

CERTIFICATION

MEDICAL

00

5

MPORTANT

the TO

I. DECEASED NAME

TYPE OR PRINTS

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

MONTH

JENKINS

20. DATE OF DEATH 18 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR

> 74 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH

REG. NO

MONIH

MARRIED NEVER MARRIED X WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d INSIDE CITY LIMITS?

GAY

120 USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE)

13e. STREET ADDRESS 4008 Belle Ave.

ADDRESS

MIDDLE

Balto, City

126 KIND OF BUSINESS OR INDUSTRY

21215

LAST

86

2h HOUR

8:21

IF UNDER 24 HRS

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN Balto. Md.

4 RACE

White

14 FATHER'S NAME MIDDLE

(IF YES, GIVE WAR OR DATES)

16h SOCIAL SECURITY NO.

LAST

217-74-4514

17 INFORMANT Miss Carrie Moore

NO

15 MOTHER'S MAIDEN NAME

FIRST

VEAR

Same as #13

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Years sages tim gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

YES!

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

71m ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH HE EITHER NOTIFY MEDICAL EXAMINERS

NOT WHILE

AL WORK

190 DATE OF OPERATION

21d. INJURY OCCURRED

WHILE

AT WORK

12h SIGNATHER

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM 19 21ª PLACE OF INJURY

AT HOME STREET, FACTORY OFFICE, FARM ETC)

NO YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF TOWN

Tanuary

20g AUTOPSY?

211 LOCATION

COUNTY STATE

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NOF

220 I certify that (1) (this hospital) attended the deceased from. November 10 85 saw the deceased alive an above, (1) (we) (did) (did not) view the body after death

and that in (my) (aur) opinian death accurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

22e ADDRESS

MD

230 BURIAL CREMATION, REMOVAL

Removal

2/18/86

23b DATE

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

COUNTY

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

DIRE

FUNERAL

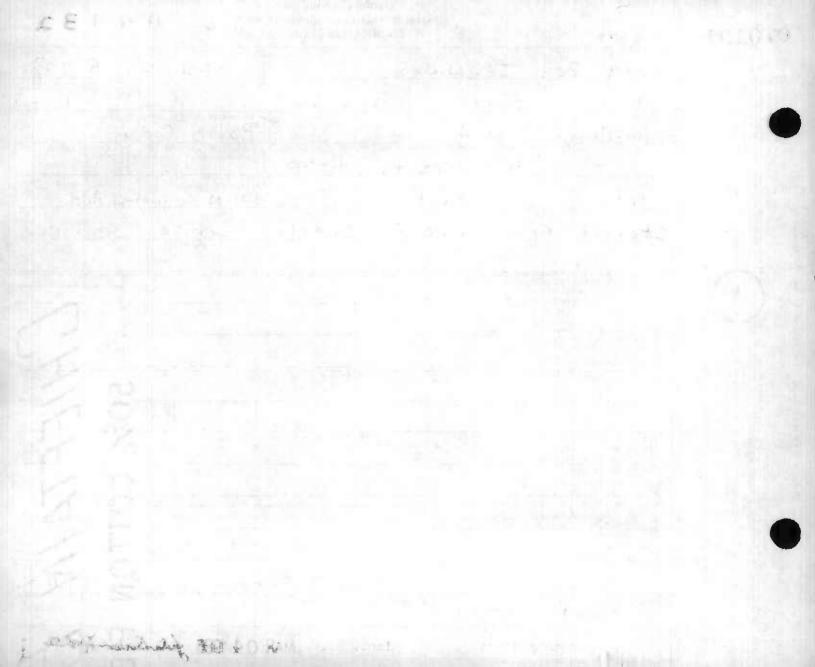
24 FUNERAL DIRECTOR NAME Anatomy Board

Balto., Md.

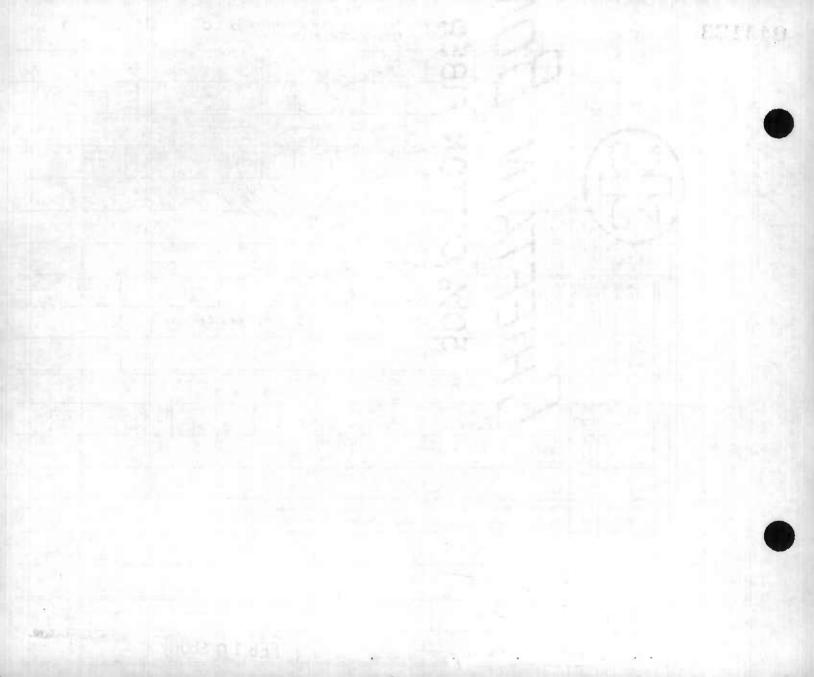
250 DATE REC'D. BY REGISTRAR SS REGISTRAR'S SIG 1986

070191	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HI	EALTH AND MENTAL HYG CATE OF DEATH	0 0	0 4 14	3 3
24 hours offer death. Page 4 may be uilled in by the funeral director, page 3 uild be filed within 72 hours other death thus be halfligd a land.	1 DE (179) 3 SE 70 B 80 10 C	REGISTRAR CEASED NAME FIRST ECREPINITY BALLY MALE IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	MIDDLE JENNIS RACE Black CITIZEN OF WHAT COUNT USA I. NAME OF HOSPITAL, NU UF NOT IN SUCH FACILITY, GIVE SI HER INSTITUTION, GIVE RESIDENCE B	S. DATE O MONTH RY? 8 MARRIEL WIDOWEI RSING HOME O REELADDRESS) FFORE ADMISSION)	F BIRTH DAY & CYEAR DI NEVER MARRIED DI DIVORCED	REG. NO. 20 DATE OF DEATH CONTROL 6. AGE IN YEARS LAST BIRT BALTIMORE CITY OF BALTIMORE CITY OF 120. USUAL OCCUPATION 1170 OF WORK FOR MOST OF	MONTH DAY YEAR 1986 HDAY) IF UNDER I YEAR MONTHS DATS YRS R COUNTY OF DEATH CITY ON F WORKING LIFE) INDUSTRY ZIP CODE	2b. HOURS AMMERICAN MOURS AMMERICAN MD.
ond completely filled Pogest and 2 shauld the medical examiner must	16a	MAS DECEASED EVER IN U.S. ARMI	1.4	SECURITY NO.	15 MOTHER'S MAIDEN NA SKETTI 17 INFORMANT			NINGS
requires that the deministration in signed by the ottal and the please remove in to burial, cremation responsibility, or other troumatic event, the	NO	PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	A SO SONSUPPER	0	AINAL DISEASE OR CONE		MATE INTERVAL ONSET AND DEATH
The low incion. te has been ssi permit grene priogram shows ony	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH		21¢ HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b IF YES, WERE FINDIN IN CERTIFYING CAUSES YES (1)	NGS USED OF DEATH? NO
ING PHYSICIAN. c attending physic attractions of the burnel-troop or the burnel-troop ith and Mental Hy orked or item 18	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK ANOTHER AT WORK	P.M. 21e. PLACE OF INJURY IAT HOME, STREET, FACTORY, OFF	19	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
TO HOSPITAL OR ATTENDING FEEDING by the hospital or TO FUNERAL DIRECTORS should be detached for use with the State Dept. of Healt IMPORTANT: If Hem 21 is mo	230		View the body ofter death. AD RINIT 23b DATE	. on	22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	ote and hour and from the	
BP DHMH - 16 50M 4/B3 (VRA 15, 4)		Removal UNERAL DIRECTOR NAME Anatomy	2/20/86 7 Board ADDRI	Balto	250 DA		REGISTRAR'S SIGNAT	

STATE OF MARYLAND



044123	FOR STATE REGISTRAR	DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	HENE 8 6	4 4 3 3
oy be oge 3 deoth	1. DECEASED NAME FIRST (TYPE OR PRINT) CHAREI	NCE JO H	NSON	20. DATE OF DEATH MONTH	4 86 1:18PM
tor po	3. SEX Male	Negro 5. DATE	OF BIRTH H DAY YEAR 16 30	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Pogarie direct	. , , , , , , , , , , , , , , , , , , ,	CITIZEN OF WHAT COUNTRY?	_ Y_	9 BALTIMORE CITY OR COUNT	Y OF DEATH
oth oth	MARYLAND	U S A MARRII		BALTIMORE, CIT	v
	10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) MERCY HOSPITAL	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L N/A	12h KIND OF BUSINESS OF
AND 2120	MD 136 COUNTY	IMER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION] 13c. CITY OR TOWN BALTO	YES NO	13. STREET ADDRESS / ZIP COD	
	14 FATHER'S NAME FIRST UNKNOWN	DDLE LAST	UNKNOWN	WE	LAST
BALTIMORE, MARY cate be executed with special and complete apers. Pages and 2 vol 11, the medical exomin	160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W UNKNOWN		ROY TATE 2	ADDRESS 21 DOUGLAS COURT	APPRÖXIMATE INTERVAL BETWEEN ONSE LAND DE ATM
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN. The law requires that the death certi- attending physician. After this certificate has been signed by the attending p os the burial-strons permit. Then please remove corbon th and Mental Hygiene prior to burial, cremation, or ren orked or tem. 18 shows any injury, or other traumatic ev		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) IC) ICOUNTRIBUTING TO DEATH BUT	CS NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GI	VEN IN PART 110
DE VITAL RECO	190 DATE OF ORERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		nl clos	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)
DIVISION OF OR PHYSICIA Of the this certifier this certifier the burnol-th th and Mental	OK CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 19 21e PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.]	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDI e hospital or DIRECTOR, A ched for use ched for use them 21 is m	22a. I certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did nat) v 22b. SIGNATURE	19	DEGREE	death accurred on the date and ha	, 19, that (I) (we) last ur and from the causes stated 22c. DATE SIGNED
TO HOSPITAL C retoined by the TO FUNERAL D should be deto: with the State D IMPORTANT: If	224 PHYSICIAN'S NAME LIVEO	103C	ATTENDING PHYSICIAN 22e ADDRESS	AEDICAL STAFF DIRECTOR PHYSICIAN	12/1/86
BP	23g BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	LANSDOWNE	COUNTY MARYLAND
DHMH - 16 60M 7/B4 (VRA 1S, 4)	24 FUNERAL DIRECTOR WM.C.MARCH MF/H IN	C. 1101 E. NORTH AVE		E REC D. BY REGISTRAR 256 REGIS	JEANS SERVICE PROPERTY AND ASSESSED FOR THE PROPERTY OF THE PR



045079

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

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				KLO. INC	/-				
1. DECEASED NAME FIRST	WIDDIE	l.	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HO	UR	
CLayton			on	February	7, 19	386		N	
3 SEX	4 RACE	5 DATE OF BIRTH			6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24				
Male	Black	MONTH 5	17 24	51	YRS.	DATS DATS	HOURS	MIN.	
70. BIRTHPLACE (STATE OF FOREIGN	Th CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH			
Marvland	U.S.A.	WIDOWE		BALTIMORE	CITY			MC	
	11. NAME OF HOSPITAL, NURSI	NG HOME C		17a USUAL OCCUPATION	ON	126. KIND (
Baltimore	727 Druid Park	,	Drive APt.5D	(TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY			
USUAL RESIDENCE (IF NURSING HOME OR		RE ADMISSION)		3.30		2	1217		
Maryland 136 COUN	Baltimo		136 INSIDE CITY LIMITS?	727 Druid		-		+ 51	
14 FATHER'S NAME	1 Date mio	I C	15 MOTHER'S MAIDEN NA		I alk 1	-are D	1 • /31	t . Ji	
Randolph	AIDDLE LAST		FIRST Emm a	WIODEE	۸٦.	len '^	151		
160 WAS DECEASED EVER IN U.S. ARA	Johnson MED FORCES? 1166 SOCIAL SECT	URITY NO	Lmma 17 INFORMANT	ADDRE			nt	5D	
(YES NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES)			an 727 Davis	David				
YES	239-22-	7080	I Cerra Johns	on 727 Druid	Park		UY IV		
PART I. DEATH WAS CAUSED	y one couse per line for ioi, ils, or	19	1. 1. 1	0 1. 0		BETWEEN	ONSET AN	DEATH	
	ECAUSE (0) Walland	0/4/	Mys Eduction	marco					
	DUE TO, OR AS A CONSEQU	IENCE OF	-1 - 11	1	1				
Conditions, if any, which	(Was sen	Leves	w. Afters	sclerokic (Reman				
gove rise to immediate) 181			((
couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEON		marker f. N.	- A Micheles	, 0				
			meaning var	ey acres					
	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	ITION GIVE	N IN PART T	0		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	TIAL CONDITION FOR WHICH	OBERATIO	NI WAS DEDECTORATED	1200 AUTOPSY?	Tank IE VES	WERE FINDS	NOSTIES	.0	
S IN DATE OF OPERATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH		N WAS PERFORMED	200 AUTOPST	IN CERTIFY	ING CAUSES	S OF DEA	TH?	
R				YES NO	YES		NO [
00.00.00.00.00.00.00.00.00.00.00.00.00.	HOUR ALL HOLITH D	AY YEAR	216 HOW INJURY OCCUR	RED (ENIER NATURE OF INJUR	V IN ITEM 18 PAR	EL I OR PART 2)			
JIF EITHER NOTIFY MEDICAL EXAMINER)		19							
OR CONTRIBUTING CAUSE OF DEAT	118 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	EADAA ETC \	211 LOCATION STREET	CITY OR TO	WN	COUNTY		STATE	
AT WORK NOT WHILE	(Artistic State) Inclose, Office	I ARM ETC. I							
22a I certify that (I) (this hospit	ol) ottended the deceased from		. 19	, to	. 19	9	that (I)	(we) los	
sow the deceased alive on e) (did) (did not		or	nd that in (my) (our) opinion	death occurred on the do	te and hour i	and from the	couses st	toted	
17b SIGN WAF	Al -		DEGREE			724 DAY	GIGNED)	
May on	Stamo	nu.	ATTENDING	MEDICAL STAF	F	2/1	106		
THE PHYSICIAN'S NAME (TYPE OR	PPINT		77e ADDRESS	PHISIC	AIV []	10%	186		
10 10 10 10 10 10 10 10 10 10 10 10 10 1				The Location				-	
230 BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	77	COUNTY		STATE	
BÜRTAL	2/11/86 G	arris	on Forest VA	Owings Mi	IIS,			Mo	

DHMH - 16 60M 7/84 (VRA 15, 4)

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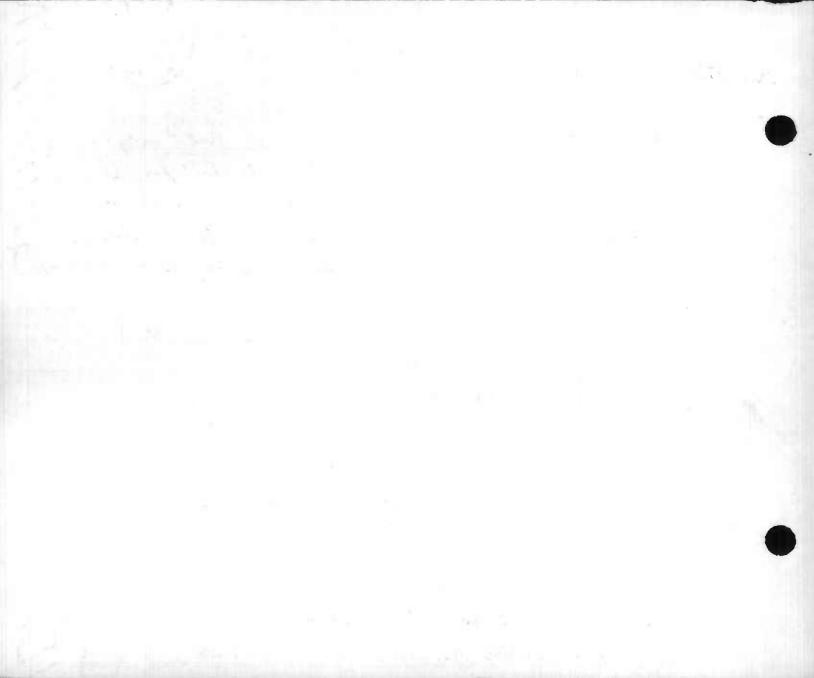
24 FUNERAL DIRECTOR March Funeral Homes 1101 E NOrth Avenue 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1	tho
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	LORATTENDING PHYSICIAN: The law requires that the death certificate be entered a trim 24 hours after death the hospital or attending physician.
	ATI
	e O
	7 4

64015	1.	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.						
10	I DE	CEASED NAME FIRST	MIDDLE	LAST	2g DATE OF DEATH MONTH	DAY YEAR 26 HOUR_			
noy be		Diana		Johnson	1	28/86 100 pm			
ctor. po	3 SE	Formelo	A RACE Block	5. DATE OF BIRTH MONSH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.			
Pognition Pognition		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUR		9 BALTIMORE CITY OR COUN				
deort funer hin 7		ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED I	Baltimor 1120 USUAL OCCUPATION	e City MD.			
by the	1	Baltimore	ENOT IN SUCH FACILITY, GIVE		(TYPE OF WORK FOR MOST OF WORKING				
If the notice of	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE 13c CITY OF	R TOWN LIMITS?	13e STREET ADDRESS / ZIP CO	414.			
l line	14. F/	ATHER'S NAME		15. MOTHER'S MAIDEN NA		THE AIRS			
a di ma		Charles		son Henrietto		Hopson			
on and s. Poor		VAS DECEASED EVER IN U.S. AR YES NO OF UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES) 166 SOCIAL 577-	34-9904 Charlotte	Martin 2805	- NorFolk the			
physical proper proper provol.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIAT	oly one couse per line for 101, 10 BY: "E CAUSE (0) Reo			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ending e corbc in, ar ri			DUE TO, OR AS A CON		11				
the attremay		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	secuence of	thy				
ed by sleose riol. cr		underlying couse lost.	1 Prol	onged Hypoglycen	ia				
a signe Then p to bur mjury,	N O	Renal Lu	CONDITIONS CONTRIBUTIN	G TO BEATH BUT NOT RELATED TO THE TERM	0.11 0 6	itus Ulcus			
he law re hos been t permit rene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO			
ICIAN: 1 g physic ertificate ertificate intol Hyghem 18 shem 18 sh		216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTE	H DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)			
ottendin ter this of the burnerked or b	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, C	OFFICE FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
TTENDIN pitol ar TOR. Af for use o of Health		22a I certify that (I) (this hospi saw the deceased alive on	2140	4/1	death occurred on the date and h	, 19 6 , that (I) (we) lost our and from the couses stated			
OR A DIREC DIREC Doched Dopt.		22b SIGNATURE	//-	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED			
SPITAL by the VERAL be detected by the State		226. PHYSICIAN'S NAME (THE C	ITT KON M	PHYSICIAN [DIRECTOR PHYSICIAN	13/38/86			
TO HOSPITA retoined by TO FUNERA should be de with the Stot	22	Eleanor Y	Hixon, M		anda Aue Bala	. MD 21215			
BP		Burial, CREMATION, REMOVAL	3/5/86	Woodlawn Cemetery	Balto	COUNTY M'd'IE			
DHMH - 16 60M 7/84 (VRA 15, 4)		I iam C. March F	7/H West 4300°		REC D BY REGISTRAR 256. REG	STRAR'S SIGNATURE			

STATE OF MARYLAND

	1	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENS 6	0 4 4 3 6
056044	I. DEC	CEASED NAME FIRST OR PRINT)	7 L.	JOHNSON		MONTH DAY YEAR 76 HOUR 135A
Softer of	3 SE		4. RACE BLK	5. DATE OF BIRTH MONTH DAY YEAR 7 7 2 2	6. AGE (IN YEARS LAST BIR	
neral dir.	7a. BI	Salo, Md.	16. CITIZEN OF WHAT COUNT	TRY? 8 MARRIED A NEVER MARRIED WIDOWED DIVORCED	Bals	A Cel
Is ofter of		Back Back	SIND HOSPITAL, NL	IRSING HOME OR OTHER INSTITUTION THEET ADDRESS BALK		12b. KIND OF BUSINESS OF WORKING LIFE! INDUSTRY LAUCATION
n 24 hou	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		HO. YES NO NO DA	25016	ZIP CODE Sul 215
ompletely of daily	14 FA	Lemon	MIDDLE Payre	15. MOTHER'S MAIDEN N	NAME MIDDLE	Payre
Poges		VAS DECEASED EVER IN U.S. AR res, no or unknown) [18 YES, GIV	MED FORCES? 166 SOCIALS	SECURITY NO. 17 INFORMANT 20-6789 Mrs. S.	andra Ryto	N 3614 Blair Ave
ires that the death certificated by the attending phan please remove carbon puburial, cremation, or remoty, or other troumatic every, or other troumatic every.		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EQUENCE OF COS RUCH EQUENCE OF ASUSE TO DEATH BUT NOT RELATED TO THE TE	CE POL. D	
he low requion. hos been signification to prior to tows any injure.	CERTIFICATION	190 DATE OF OPERATION		WG . HICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20L IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: T tending physici this certificate he burial-transin and Mental Hygi dor Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (16 EITHER NOTIFY MEDICAL EXAMINER TILD INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	URRED (ENTER NATURE OF INJU	
OR ATTENDING e haspital or out DIRECTOR: After sched for use as th Dept. of Health or	W	WALLE NOT WHILE AT WORK 220.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 226. SIGN A LIFE	tal) attended the deceased fr	om 2/14 19 8	on death occurred on the de	ote and hour and from the couses stated
TO HOSPITAL retoined by th TO FUNERAL should be dete with the Store IMPORTANT:	239	22d PHYSICIAN'S NAME I IVPE O LAWEN SURIAL, CREMATION, REMOVAL	CE B. MA	PHYSICIAN 120 ADDRESS 4 KB 6014 A GVE 131 NAME OF CEMETERY OF CREMATOR	en Meadow 1	Pky 21209
BP DHMH - 16 50M 4/83	17	WEAL DIRECTOR AS. A. MORTON	2-12-86 FJONS 1701		15a H	25b. REGISTRAR'S SIGNATURE



444 0 1990 0 1944

25	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 3 6	0	4 4	3 8	
/50		CEASED NAME FIRS	ST	MIDDLE	L.	AST	20 DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR	
	1		KATIE 1	MAE		JOHNSON	FEBUARY 1	17, 1	986	5:05 MI	
	3 SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
		Female	Black	k	4 MONTH	1 10	75	YRS.	ONINS! DATS	HOURS MIN.	
35	C	RTHPLACE (STATE OR FOREIG OUNTRY) VA		WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DE DIVORCED	9 BALTIMORECITY O Baltim			MD.	
34		ry or town of DEATH Baltimore		HOSPITAL, NURSII H FACHITY, GIVE STREET HOME HO		R OTHER INSTITUTION	TYPE OF NO A FOR MOST O		12b. KIND (INDUSTRY	OF BUSINESS OR	
ı m. Tbe	13a S MI		OME OR OTHER INSTITUTION COUNTY	Baltimo		13d. INSIDE CITY LIMITS? YES 🗽 NO 🗌	13e STREET ADDRESS A		h St.	21202	
examine	14 FA	THER'S NAME Charlie	MIDDLE T1	nomas		Elizabet	h MIDDLE		Shepher	d	
medical		VAS DECEASED EVER IN U. ENO OR UNKNOWN) (IF Y	S. ARMED FORCES? YES, GIVE WAR OR DATES)			Charles Johnson 543 Chateau Av			Avenue	enue	
y, or other troumotic		Conditions, if ony, whingove rise to immedia couse (a), stating the underlying cause la	ch (b) DUE TO, O	R AS A CONSEOU	PERTI SENCE OF REDIS	ENS ION SORDER NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVI	EN IN PART 1	0	
ked or Item 18 shows ony injury MEDICAL CERTIFICATION		DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION				N WAS PERFORMED	20a AUTOPSY? YES NOT	20b. IF YES IN CERTIFY	, WERE FINDII YING CAUSES	NGS USED	
		21a. ACCIDENT WAS UNDERLYR OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX. 21d. INJURY OCCURRED WHILE NOTIFY HER AT WORK AT WORK	OF DEATH HOUR A. AMINER) P. 21e PLACE	m. month d m.	19	216. HOW INJURY OCCURE 216 LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	STATE	
m 21 is mor	22a. I certify that (It the hampital attended the deceased from <u>FEBUARY 14</u> , 19 <u>86</u> , to <u>FEBUARY 1</u> , saw the deceased also a <u>FEBUARY 1</u> 719, and fact in (my) (our) opinion death accurred on the date and hou obove, (I) kine (did) did out the fine body after death								and from the		
ANI: H		226. SIGNATURE	Tubes (TYPE OR PRINT)	Ael	स्पद		MEDICAL STAI	IAN 🖃	22¢ DATE	118/86	
SRT,		Mulled	ac As	10.12		CHU	RCH HOSPI OADWAY BA				

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Wm. March F/H 1101 E. North Avenue

23b DATE

2/22/86

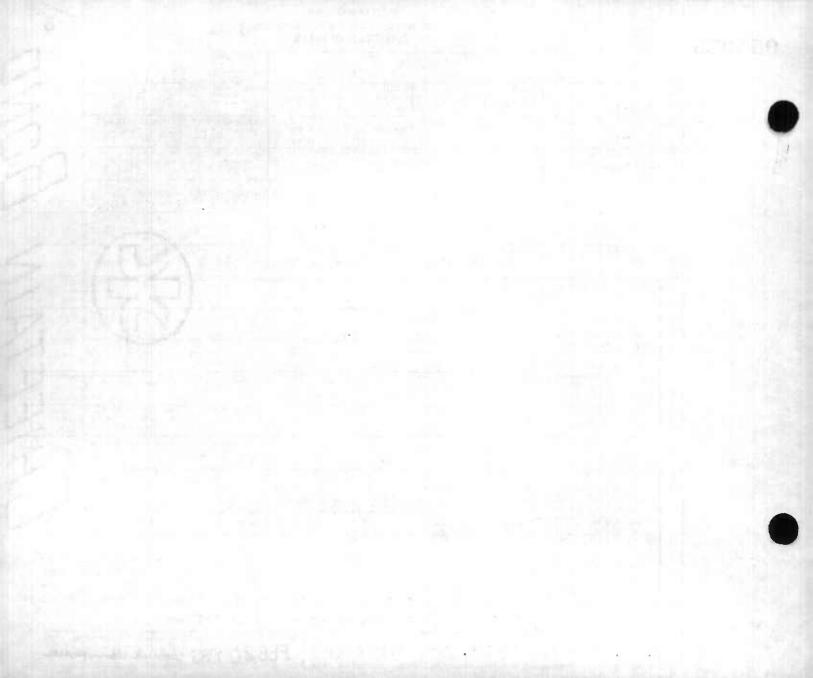
23a. BURIAL, CREMATION, REMOVAL

Buria1

23d. LOCATION
Baltimore Baltimore Cemetery 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

MD STATE



Feb.20.1986

Mitchell-Wiedefeld Home 6500° Tork Rd.Bal.Md.

Loudon Park Cem.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY)

24 FUNERAL DIRECTOR

Burial

051157

- STATE

CITY OR TOWN

Balto.

COUNTY

COUNTY

22c. DATE SIGNED

STATE

STATE

Md.

2h HOUR

12b. KIND OF BUSINESS OR

Monuments

APPROXIMATE INTERVAL

Ritchie

2:10

IF LINITED THERE

17

86

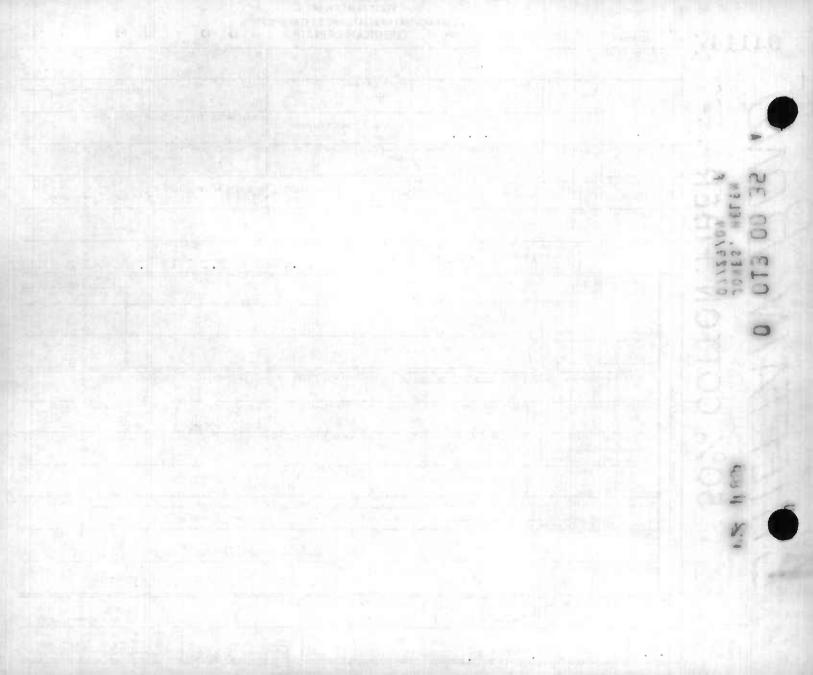
IF HINDER LYEAR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE wall aborS 01:5 36 11 48 สอร์ และอุร CARLES NO. STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

En or i and a same and a same and a same a s

045103	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAI ICATE OF DEATH	L HYGIENI	0 0	0 g. no.	4 4	4 2
ed (1)			FIRST P	RACE	MIDDLE	JO IS. DATE O	N ES		DATE OF DEAT	H MONTH	9 86	T M
99 e 4		Male		Blac	k	MONTH	DAY , YEAR		80	YRS	MONTHS DAY	
uneral din 72 ho.		RTHPLACE (STATE OR FO	AND	V S	WHAT COUNTRY	MARRIE! WIDOWE		7	Balti	WAR COUN	01	MD.
by the f	13	ALTIMOR	E	1. NAME OF (IF NOT IN SU UNIV	ELSITY	OF A	10 M. S	(14)	USUAL OCCU PE OF WORK FOR M Crane Ope	OST OF WORKING	LIFE) INDUSTR	DDO IJ CHE
AND 21 nm 24 hou hould be hould be	13a S	AL RESIDENCE (IF NURSIN	35 COUNT	THER INSTITUTION	131. CITY OR TON		136 INSIDE CITY LIMITYES DO NO	1 1	STREET ADDRE	ss/zipco		r./21216
MARYLAND ited within 24 fompletely fille ond 2 should examiner must		Edmon	d	IDDLE	Jines		15. MOTHER'S MAIDE	CCA	MIDO		Nor	FON
BALTIMORE, cote be execu- ysicion and quality papers. Pages val		VAS DECEASED EVER IN (ES NO OR UNENDYN)		NED FORCES?	218-1		17 INFORMANT - HELE	ZNJ		2700	Chelsea	2171
W. PRESTON ST., of the death certific of the attending ph se remove carbon p cremation, or remo after traumatic even		PART I. DEATH WA Conditions, if ony, gove rise to imme cause 101, stating underlying cause	S CAUSED MMEDIATE which ediate	DUE TO, C	OR AS A CONSEQU	ENCE OF	diac au		firet	in	arpar artwee	Oxmande Interval NONSET AND DEATH G minimited days
The law requires the cian.	CERTIFICATION	PART 2 OTHER SIGNI	Cut	196 CONE	nal fr	Lug	ano?	cic e	OR AUTOPSY?	20b. IF Y	ES, WERE FINE TIFYING CAUSI YES	DINGS USED ES OF DEATH? NO
NG PHYSICIAN: The law required physician. Otherading physician. Otherading physician. Other this certificate has been signors the burnal-transit permit. Then the and Mental Hygiene prior to backed or them 18 shows any injury	MEDICAL CE	210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTHY MEDICA 21d INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	LEXAMINER)	HOUR A	OF INJURY .M. MONTH D .M. OF INJURY REET, FACTORY OFFICE	19	211 LOCATION STREET	CCURRED		INJURY IN ITEM TE	COUNTY	STATE
AL OR ATTENDI the hospital or AL DIRECTOR. A letoched for use the Dept. of Heal		220.1 certify that (1) saw the decease of the decease of the late	(did not)	Fi She	19 19		d that in (my) (our) op EGREE ATTENDIN PHYSICIA	NG _ MI		STAFF \	our and from th	that (I) (we) lost the couses stated
TO HOSPITAL retorned by the TO FUNERAL should be det with the Store IMPORTANT.			2AH	FISH		nD	UMMS	2	250		Sr.	Balto 212
BP	(urial, cremation, re Burial			/1986 W	odla	wn Cemete	ery	3d LOCATION CITY OR TOW		Balti	more,Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	NUTTER & S	ONS F Falls	UNERAL Pkwy.	HOME Baltimor	IC. e, Md	1 1	EB 1	3 1986	RAR 75b. REGIS	STRAR'S SIGN	ATURE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 041147 REGISTRAR REG NO. DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) HELEN JONES 1986 3 SEX 4. RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER TYEAR IF UNDER 24 HR MONTH YE AR 8 B 77 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ESTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) U.S.A. WIDOWED DIVORCED | BALTIMORE CITY IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE N/A JOHNS HOPKINS HOSPITAL 21213 1819 NORTH CAROLINE STREET 13b COUNTY BALTIMORE 13d. INSIDE CITY LIMITS? MARYLAND YES X 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE TUT.T. EVA JOHN TULL ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT NO ES, NO OR UNKNOWN 216-18-4065 MARTHA W., EATHER T., 1819 N. CAROLINE STREET APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Correst IMMEDIATE CAUSE (0)_ DUF TO, OR AS A CONSEQUENCE OF muncurdia Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NODE 218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M MEDI 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 12-6 22a. | certify that (1) (this hospital) attended the deceased from and that in (my) pour) opinion death occurred on the date and hour and from the causes stated sow the deceased give on obove, (I) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME (TYPE OR PRINT) 600 N. WOLFE ST. BALTO., MD. 21205 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OF TOWN BURIAL 2=7-86 BALTIMORE BALTIMORE 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256_REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 WM.C.MARCH F/H INC. 1101 E.NORTH AVENUE (VRA 15, 4)



052085

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYC	REG. NO	0 4	Sec. 60	. ~
		CEASED NAME ORPRINT)	FIRST FIN	ES	J.	ONE	C.		191	86	26 HOUR 33
7	3 SEX	m		4 RACE	B	S DATE C		6 AGE (IN YEARS LAST BIRT	YRS		IF UNDER 24 HRS HOURS MIN.
5	(RTHPLACE (STATE OR F COUNTRY) Maryland TY OR TOWN OF DEA			SA	MARRIE	DI DIVORCED DIVORCED DIVORCED	P BALTIMORE CITY OF	c ci	2 12b. KIND OF	MD. F BUSINESS OR
4	USUA	Baltimore AL RESIDENCE (IF NURS	ING HOME OR	ne	GIVE RESIDENCE REF	m	Herpetie	Labor	WORKING LIFE)	INDUSTRY	
1	130 S Ma1	ryland THER'S NAME	186 COUP	vert	Huntin	NN	13d INSIDE CITY LIMITS? YES NO X 15 MOTHER'S MAIDEN NA	Box 398 Po		Rd.	20639
M	1	Joseph		WIDDLE	Jones		Rosie	MIDDLE	cc	Carre	
2		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		E WAR OR DATES)	214-28		Beulah Jones		Huntin		
.aext		PART 1. DEATH W Conditions, if any, gove rise to imm cause ial, statin underlying cause	which mediate	D BY TE CAUSE (a) DUE TO, OF	R AS A CONSEO	CA JUENCE OF	HYPOTEN	SION		BETWEEN O	MATE INTERVAL
	ATION	PART 2 OTHER SIGN	NIFICANTO	1 A TO	1111	7 6		RUCTIO	it c	1Ro	PATHY
1	FIC	19a DATE OF OPERAT			TION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, W IN CERTIFYING YES	G CAUSES	
9	MEDICAL CERTI	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION (IF EITHER NOTIFY MEDICAL INJURY OCCURE	CALEXAMINER	TH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
	ME	WHILE NOT WH	RK R	(AT HOME STR	EET FACTORY OFFIC	67	STREET	CITY OR TOV	VN /B	COUNTY	STATE
		220.1 certify that (1) sow the decease above, (1) (week, 22b, SIGN ATURE	ed alive and did) (did na	1 view the body,	19 19	Shor	d that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F	d from the c	
		AMIS A	ME ITYPE O	PRINI)	Wor	rein	22e ADDRESS CUT 1	HENAN	1.103.	17719	C SACTO
	- 1	Burial, CREMATION, SPECIFY) Burial UNERAL DIRECTOR	REMOVAL	Feb. 1			emetery or crematory ands Chr. Cem.	23d LOCATION CITY OR TOWN Sunderlan E REC'D, BY REGISTRAR	d Ca	OUNTY 11vert	

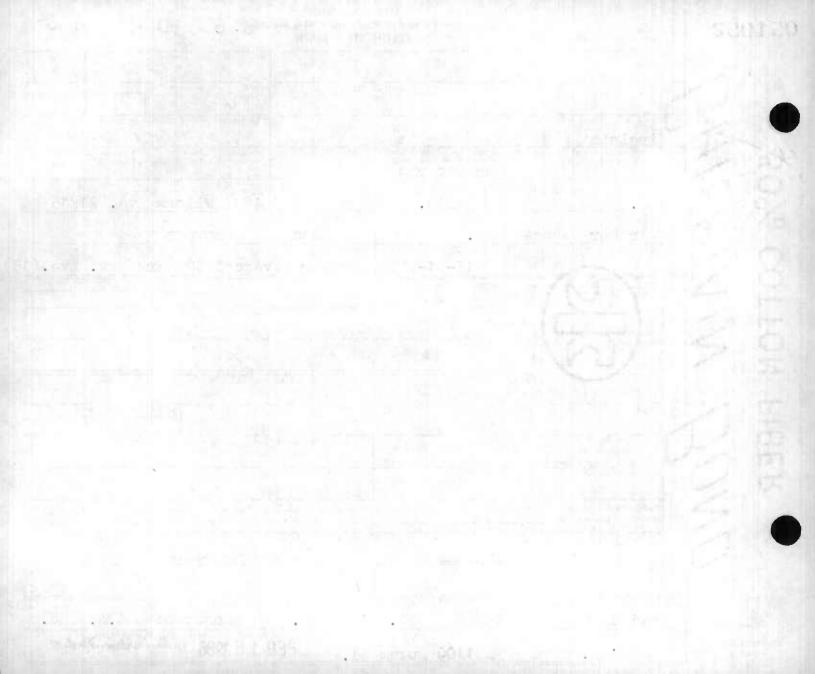
DHMH - 16 60M 7/84 (VRA 15, 4)

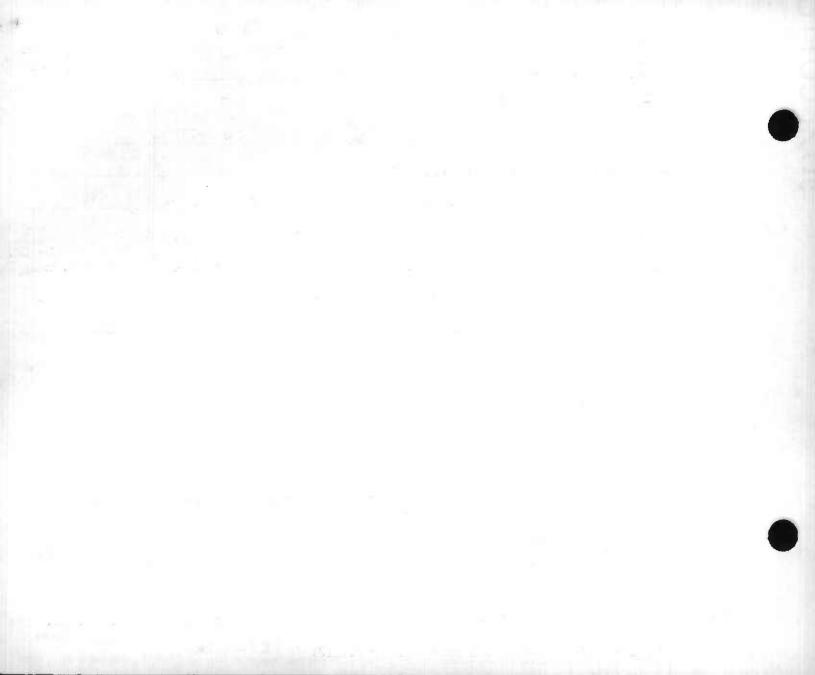
BP.

Box 31 Prince Frederick. Md FEB 18 1886 Juli Davidson Rendette Spencer E. Sewell

Liver Constitution (1988) A n Bill Constitution of the Constitutio

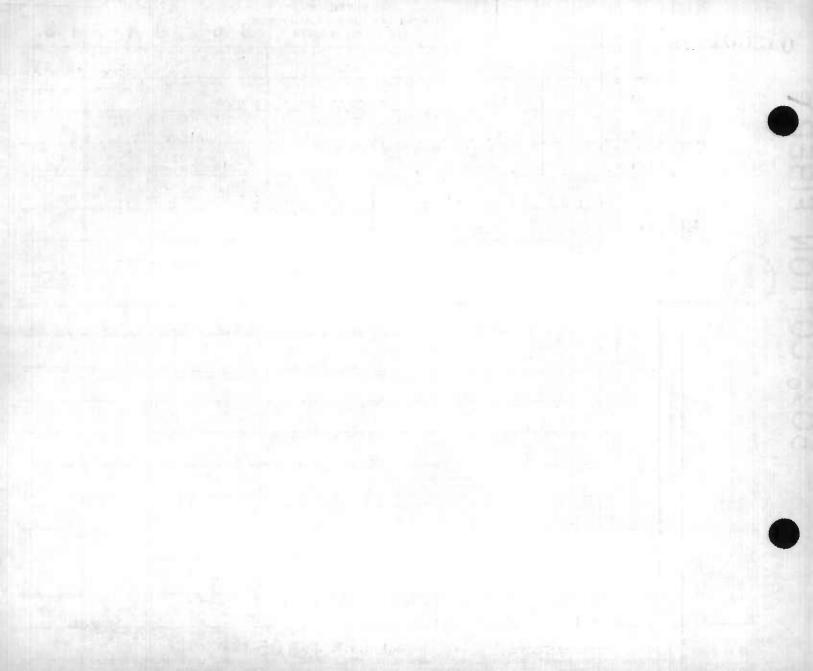
051052	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENES 6	4446				
4 may be or page 3 after death		CEASED NAME FIRST MABE	A. RACE BLACK	S. DATE (DUES DE BIRTH BAY YEAR	20. DATE OF DEATH MONTH 2 - 6. AGE (IN YEARS LAST BIRTHDAY)	B - PG 4: 11 M				
4	,	RITHPLACE (STATE OR FORE GN COUNTRY) Virginia ITY OR TOWN OF DEATH BALTMORF	76 CITIZEN OF WHAT COUNTS USA 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE BON Seco	MARRIE WIDOWI SING HOME (DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 1170PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
AARYLAND 2190	13e :	Arthur Sava	other institution give residence be 113. CITY or to Balto	FORE ADMISSION) DWN) •	YES NO D IS MOTHER'S MAIDEN NAM FIRST Lena	Is STREET ADDRESS / ZIP COD 4807 Wilern ME Savage ADDRESS					
TIMORE con			MED FORCES? 166 SOCIAL SE 2 15 -0	-4836	Arthur Sa	vage 3630 Par	k Hgt. Ave. (15				
ALRECORDS, 201 W. PRESTON ST. The low requires that the department in hos been signed by the attending at permit. Then please in the contains ene prior to burial, or matter ows any injury, or oth. Houmafters	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSE	DUENCE OF SUENCE OF ON ONE OF THE PURIOUS OF THE PU	y Heart NOT RELATED TO THE TERM	IN CERT	IVEN IN PART 110 ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\begin{array}{cccccccccccccccccccccccccccccccccccc				
DIVISION OF VITAL RECORDS, OR ATTENDING PHYSICIAN The law require hospital at other this certificate has been sig sched far use as the burial-transit permit. Then Dept of Health and Memal Hygiene prior to them 21 is marked or them 18 shows any injury	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 71d. IN JURY OCCURRED WHIE NOT WHIE AT WORK NOT WHIE 220.1 certify that (1) (this hospi	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	m 2	211 LOCATION STREET 19 19 10 19 10 10 10 10 10 10	CHI CATOMIN CHI CATOMIN deoth occurred on the date and ha	PART 1 OR PART 2) STATE , 19, that (I) (we) lost				
Physical Phy		BURIAL, CREMATION, REMOVAL BURIAL CREMATION, REMOVAL BURIAL DIRECTOR NAME	2/14/86 2	Mt.	EMETERY OR CREMATORY Zion Cem. 25a DATI	BALTMORE 123d LOCATION Lansdowne E RECD. BY REGISTRARIZET REGIS 1 8 1986	BALTMORE COUNTY A. Marie CHARES SIGNATURE DAMAGE COUNTY A. Marie COUN				
(VRA 15, 4)		Unas A. Ric	e FSPA 1300	Eutaw	Pl. PE	0 1 0 1900					





STATE OF MARYLAND

FOR



DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

14 FUNERAL DIRECTOR

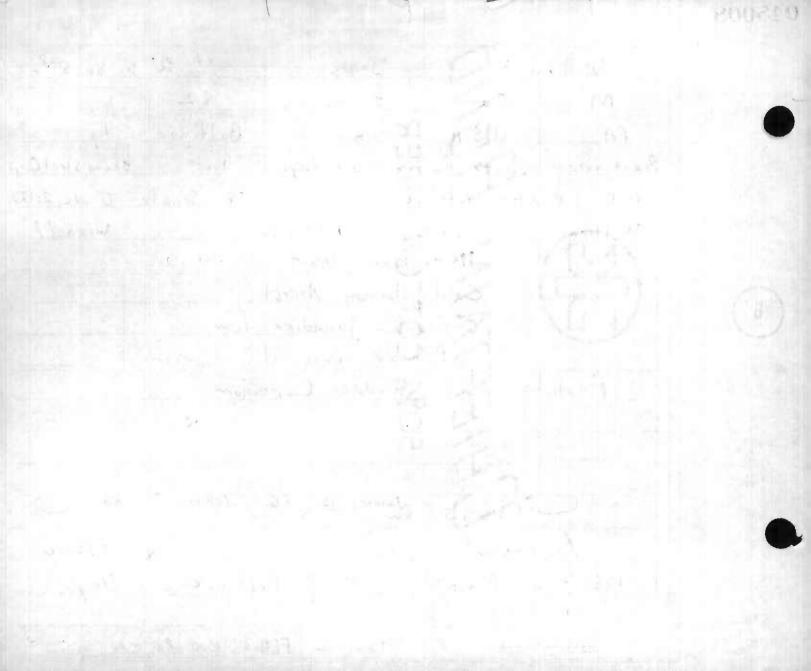
ADDRESS Balto., Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

0185	1-	FOR STATE					MENT OF	HEALT	MARYLAI H AND M CERTIFIC	ENT AL H	0.0	20	0	d		n	
		REGISTRAR	F FIRST		WEL	MIDDLE	EXAMII	AEK 2	LAST	CAIEC	Jr UEF	APRIL .	REG. I	VO. MONTH	DAY	YEAR	2b. HOUI
PRESTON STREET.		E OR PRINT)	Wayne					-	ones			OF	KNOWN SESTI-	□ 2/	14/19		Za. HOUR
	3. SEX	(4 RACE	5 DATE O				EARS IF U	NDER 1 YR.	IF UNDER	24 HRS.	2c. DATE		MONTH	14/19 DAY	YEAR	स्ता ह
	1	Male	Black	монтн	20	YEAR 51	35	YRS. MON	THS. DAYS	Hours	MIN	PRONOU	NCED	2/	14/19	86	A .
7	7a BI	RTHPLACE (S REIGN COUNTRY)	TATEOR	76 CITIZE	J.S.	IAT COUN		8. MARI	RIED NE	VER MARR			MORE CITY	-	NTY OF DE		MD
0			imore	24	26 Ma	adisc	n Ave	•	HER INSTITU	TION	FOR.	MOST OF WO			12h KIND OR IN	OF BUS DUSTR	SINESS
3	13a. S	Md.			TUTION, GIV	13c. CITY	or town alto.	SION)	13d. INSIDE (NO [13e STR		ESS Madis	son A	ve. 2	2121	7
C	14 FA	ATHER'S NAME FIRST	•	MIDDLE	T		LAST		15 MOTH	ER'S MAIDI	EN NAME		MIDDLE		LAS	T	
	[1]	VAS DECEASEI ES. NO, OR UNKNO Unkn.	D EVER IN U.S. AR	RMED FORCE E WAR OR DATES	\$?		58-224		17. INFOR/	MANT			ADDRES	SS			
AL, CREMATION, OR REMO	N.	gave rii cause (a) lying cau	ns, if any, which se to immediate) stating the <u>under</u> use last.	DUE	TO, OR (AS A CON	ISEQUENCE ISEQUENCE	OF	SE OR CONDITIO	N GIVEN IN PA	ART I (a						
PRIOR TO BURIAL, CR	CERTIFICATION	19a. DATE OF	OPERATION	19b.	CONDIT	ION FOR	WHICH OPE	RATION V	VAS PERFOR	MED?						OPSY?	
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	(5	PECIFY] Re	moval	23h DATE 2/20/	/86	23c N	IAME OF CE	METERY	OR CREMATO			OCATION OR TOWN			YINU	STA	16
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045008	STATE OF MARYLAND
0.3.0000	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 4 4 5
	REGISTRAR CERTIFICATE OF DEATH REG. NO.
m.s	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
noy be poge 3	(TYPE OR PRINT) William Jones 2 6 86 828 AM
1	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ge 4	M Ca 3 03 03 82 YRS
Por Por	TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
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k e te	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION UF NOT IN SUCH FASALITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
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AND n 24 h	MD B. AAV Pasadera VES NO 18 Senate Dr. ve 21122
within within d 2 s	14-TATHER'S NAME IS MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE LAST
M ed o	William Jones Elizabeth Wennell
BALTIMORE, if the be execution and coppers. Pages, val. 13, the medical.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
TIM be e	No 13-07-8566 4 Wart Ms. Murrel Wilson - Same as #13
BAL BAL oper oval.	18 CAUSE OF DEATH (Enter only one cause per line for (a), b), and (c) PART I. DEATH WAS CAUSED BY:
ST.,	IMMEDIATE CAUSE (0) Card. Pulminary AMEST
he feet meter he mater, or remr	DUE TO, OR AS COMSEQUENCE OF
nove ation	Conditions, if any, which (b) Obstructor jaunds et from
W.P. or the by the se rer arther or ther	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF
201 red by pleas	(c) Product parener Carcinon
	PART 2 OTHER IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
low requires to so been signer than the prior to be by so ony injury	Prostatic and bladder Eurcium 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 AUTOPSY? 110 CERTIFYING CAUSES OF DEATH? YES NO
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OF A	OR CONTROLLING OF CAUSE OF DEATH. HOUR A.M. MONTH DAY TEAK
HYSI HYSI Hysic buri	21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION
IVISI	WHILE NOT WHILE AT WORK AT WORK AT WORK
a so E	220 1 certify that (1) (this hospital bettended the deceased from Tankery 13, 19 86, to February 6, 19 86, that (1) (we) lost
TTEN Pirtol for u of He	saw the deceased alive on FCD ruary 5 19 86, and that in (my) (out) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the body ofted death.
OR ATTI	226. SIGNATURE DEGREE 220. DATE SIGNED
AL Deto	M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X 2/6/86
SPIT ed by JNER JNER A be St	220 PHYSICIAN'S NAME (TYPE OF PRINT)
TO HOSPITAL (retained by the TO FUNERAL I should be detained the State I IMPORTANT: If	Robert J. Newfeld South Baltimore Gen Hosp.
75 5 5 3 ₹ 1	236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN COUNTY STATE
BP	Removal 2/6/86
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR NAME ADDRESS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
(VRA 15, 4)	Anatomy Board Balto., Md. FEB 10 1986 Aulia Bridge Portion



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

041181 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO ECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b HOUR LITTER CHERRYTI 20 B JONES 86 WILLIE 3. SEX 4 RACE IF UNDER ! YEAR 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR Male Black 20 1925 60 YRS JO BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED South Carolina U. S. A. WIDOWED Baltimore O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176. KIND OF BUSINESS OR (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE Baltimore Mercy Hospital State Employee USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 21218 13g. STATE 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryl and Baltimore YES X 906 Belgian Ave. NO [Apt. 1-C14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Willie Jones Lucias Hellims 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 21218 IYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Yes Margaret Jones 906 Belgian Ave. Apt. 1-0 WW II 247-30-7684 18 CAUSE OF DEATH (Enter only one couse per line lor (a), (b), and ic PART I, DEATH WAS CAUSED BY. ruema IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. 862 sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

MPORTANT 23a BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15. 4)

BP

old be deto

Burial 2-10-86 23¢ NAME OF CEMETERY OR CREMATORY

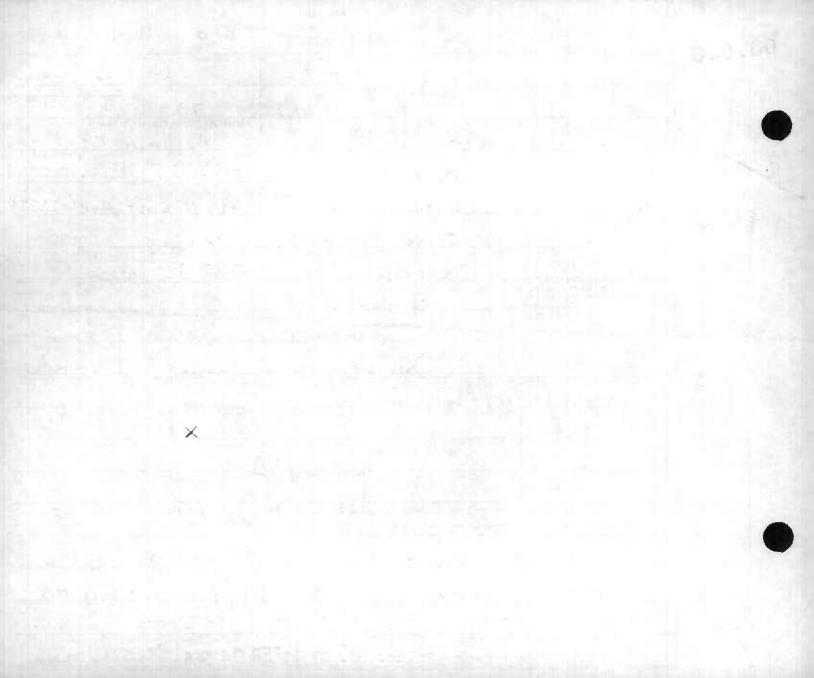
Garrison Forest Cemetery Owings Mills, EB TERESO POR STRARIZIO BEGISTRAR STONIATUR 24 FUNERAL DIRECTOR

Bailey-Douglass Funeral Home 1348 N. Calhoun St

23b. DATE

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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR O DATE KNOWN ESTI-Pablito DEATH MATED 2 - 1319 86 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR JE UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 8:42A 19 86 In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Philippines Philippines WIDOWED DIVORCED Baltimore City 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Baltimore McComas St. (aboard ship) Senior Steward Seaman Philippines 13d. INSIDE CITY LIMITS? 113b. COUNTY V. Cruz St Malibay Pasayes X Philippinels 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MARIA (CORDOVA") .Navigation-Suite Mike Rath N.Calvert St.(18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Ligature strangulation and hanging DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES 🔽 NO [71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING subject strangled & hanged CONTRIBUTING CAUSE OF DEATH 21f LOCATION 71d INJURY OCCURRED CITY OR TOWN WHILE AT WORK aboard ship Saudi Makkah Autopsy X 220. I certify that I took charge of the regions described above field an Inquiry Hamicide X death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 2/13/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. Balto.MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Rizal Funeral Home Feb. 231986 Removal Pasay City, 250. DATE REC'D. BY REGISTRAR LANGE THE PARTY OF THE PART 24 FUNERAL DIRECTOR Funeral Home/Balto., Md. 21230 FEB 20

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	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0	4 4	5 6
/		EASED NAME	FIRST	A	NDDLE	- i	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	LORRAII	NE ME	ERRICK	KA	ISER	Feb. 15,	1986		2:00P _M
	3. SEX			4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	I	Female		White	9	Nov	. 21, 1915	70	YRS	NTHS DAYS	HOURS, MIN.
1		RITHPLACE (STATE OF COUNTRY) LChigan	DR FOREIGN	U.S.	A.	MARRIEI WIDOWE	DI NEVER MARRIED DIVORCED	Baltimore City o	ecountyo ore Ci		MD.
120000	Bs	YORTOWN OF D	-	Merid	an Long	Green	dr other institution	17a USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF HOMEMAKE	F WORKING LIFE)	126 KIND C INDUSTRY	OF BUSINESS OR
NA LEV	13a S	RESIDENCE (FN. TATE Aryland	136 COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 227 Dumba	ZIP CODE	oad 21	.212
2	FA'	THER'S NAME John	٨	S.	Merrick		15. MOTHER'S MAIDEN NAM Amanda	MDDIE C.		Courn	yer
		AS DECEASED EVE ES. NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	21 2-01-0		Mr. A.H.Kais	er 227 Dumb		Road 2	21212
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1		OR CONTRIBUTING	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18 PARI	ORPART 2)	March 1
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		220.1 certify that sow the dece above, (1) (we	osed olive on_		19_		, 19, 19	to, to			that (I) (we) lost couses stated
		226 SIGNATURE	freu	leng in			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN [221 DATE	SIGNED 17/86
		CARL	- 4-	RLING			302 E. 33	RD STREET	21	218	

BP.

TO FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then please remove carbon powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

etained by the hospital ar attending physician.

MPORTANT: If Hem 21 is marked or Hem 18 shows any

23a BURIAL, CREMATION, REMOVAL 236 DATE Burial

CARL SPERLING

2-18-86

23c. NAME OF CEMETERY OR CREMATORY

Druid Ridge

PikesvilleBaltimore Maryland

Mitchell-Wiedefeld Home 6500 York Road 21212

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

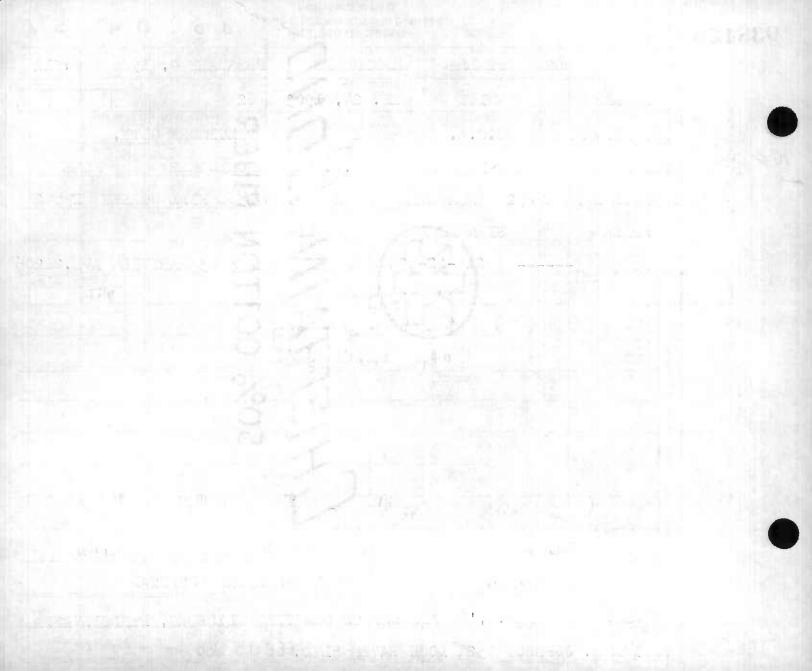
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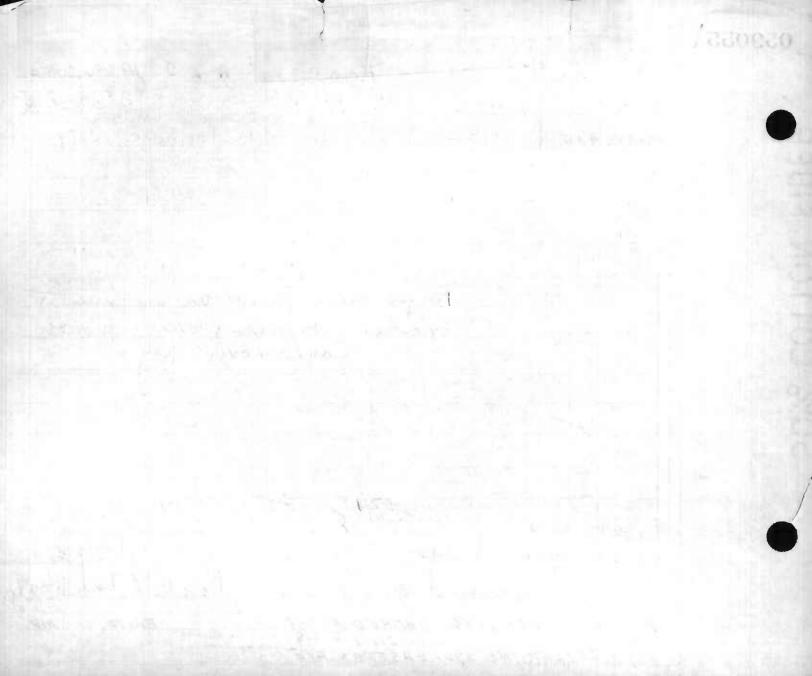
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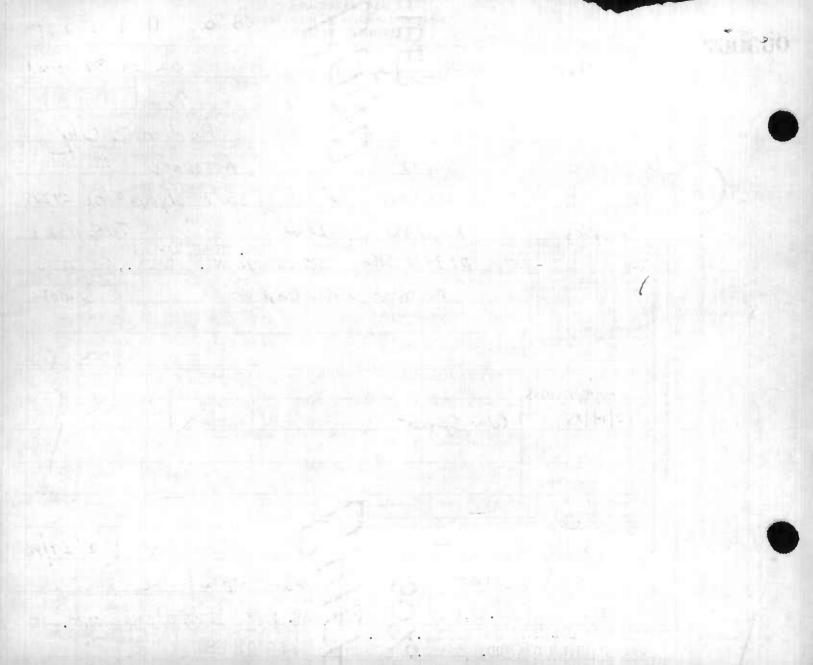
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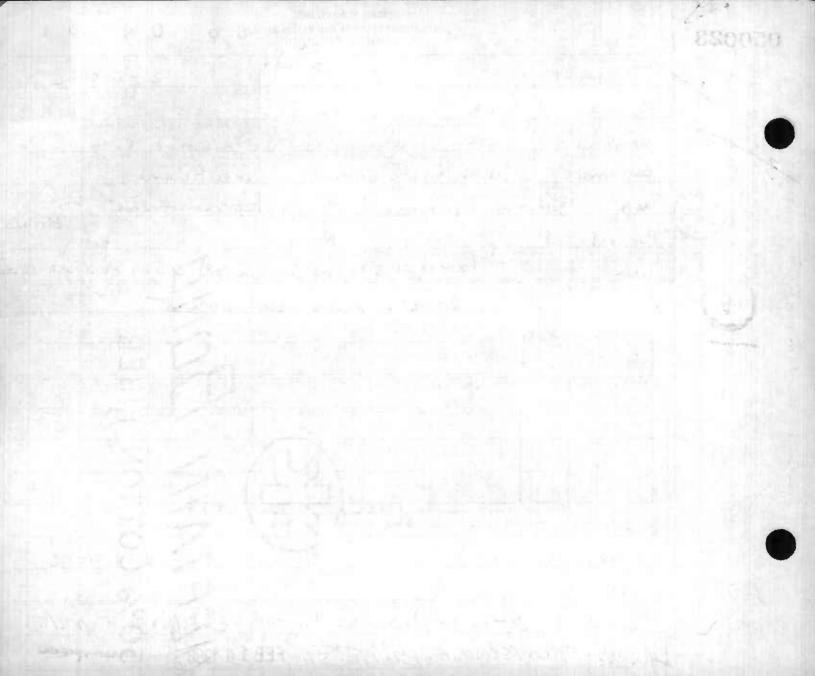
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11/15		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING		R OTHER INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKING L	12b. KIND OF E	SUSINESS OR
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1 1	NSU/	L RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	LO. STREET AD	DRESS / ZIP COD		
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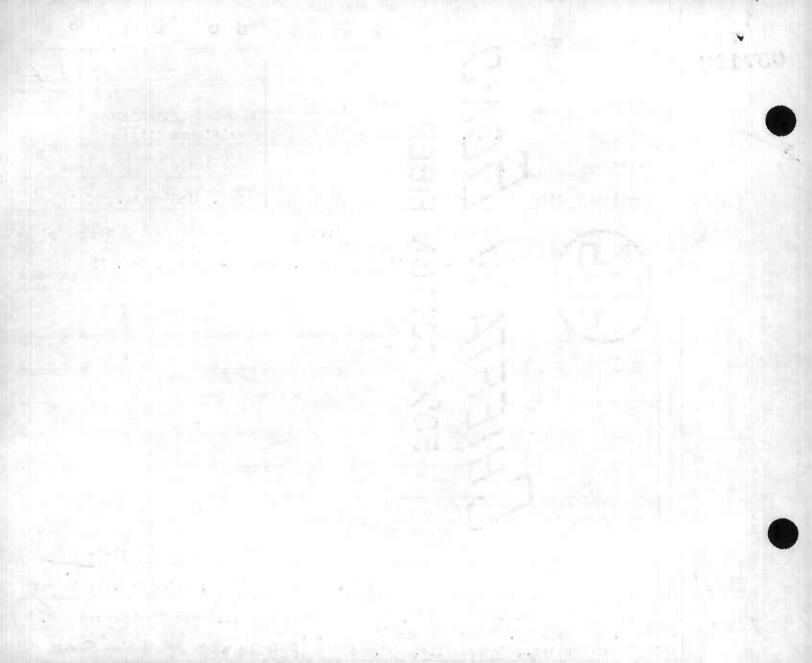




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05	0023	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HE	OF MARYLAND ALTH AND MENTAL HYC CATE OF DEATH	0	0 4 4	6 1
٠	₂ ج		CEASED NAME FIRST	WIDDIE	Ke	Johnson	REG. NO 20. DATE OF DEATH	MONTH DAY YEAR	25 HOUR
A may	X	1 SE		4. RACE	S. DATE OF	119	6 AGE (IN YEARS LAST BIR		GPM
_ 1	1		Female.	Black	5	26 11	83	YRS	
0	1000		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIED	Paltimore city o	COUNTY OF DEATH	MD
3	1143	. 10 ⊂	Baltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOSTO De autic	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
NND 212	11.55	JSU 30	AL RESIDENCE HE NURSING HOME OF TATE	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	34 INSIDE CITY LIMITS?	13e. STREET ADDRESS	. 21	223
MARYL		14,5	THER'S NAME FIRST VNE \\	MIDDLE Kell		MOTHER'S MAIDEN NA	WE	kell	Book
IMORE,	16 97		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEI	2/11-	2 INFORMANT Runa Bod	cincol 2		rse ar
DIVISION OF VITAL RECORDS, 201 W. PRESTON	n. nos been signed by the out- permit. Then please remove me prior to buriol, cernation ws ony injury, or other frouning	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO	DEATH BUT N		20a AUTOPSY?	206. IF YES, WERE FINDING CAUSES	NGS USED S OF DEATH?
F VITA	physicio ifficote h tronsit al Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	214. HOW INJURY OCCUR		YES THE TEM 18 PART 1 OR PART 2)	NO 🗌
IVISION O	offending pher this certification is the buriol-trip ond Mentol ricked or flem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK			PII. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
ATTENDIA	hospital or IRECTOR: Af- hed for use o ept. of Health tem 21 is mo		22a I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	pital) oftended the deceosed from 2/5 19	86 , and	that in (my) (our) opinion	death occurred on the do		that (I) (we) lost couses stated
0 %	₹ 000 ±		226 SIGNATURE		DE	GREE ATTENDING	MEDICAL STAR	FIANTA 2/5	
HOSPITA	reformed by the TO FUNERAL should be destructed by the Store with the Store MAPORTANT:		22d. PHYSICIAN'S NAME (TYPE)	OR RINT)		22e ADDRESS	T DIVECTOR T SHAZIC	IAN LIK	140
5	Bb Try M	23a	SURIAL CREMATION, REMOVAL	1177	NAME OF CE	METERY OR CREMATORY	23d LOCATION	A COUNTY	STATE
	MH-16 50M 1/81 (VRA 15, 4)	25	UNERAL DIRECTOR	mpson F. ADDRESS	291	3 W. 250 DAT	12000	25b. REGISTRAR'S SIGNAT	URE





050134 STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH [TYPE OR PRINT] FEBRUARY 11. 10:09 HERBERT 1986 KE OUGH L. SR. 4 RACE 5. DATE OF BIRTH I. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS Male White 15, 1911 Oct. O BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY Mass. U.S.A. WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) JOHNS HOPKINS PHOSPITAL INDUSTRY BALTIMORE Hockey Player Ret. Sports USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130, STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Baltimore 4906 Arabia Ave. 21214 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alfred Edwin Keough Katherine Hearn 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS LIE YES GIVE WAR OR DATEST 213-20-2554 Helen L. Keough 4906 Arabia Ave. 21214 18 CAUSE OF DEATH (Enter only one couse per line for o), 161, and ic PART I DEATH WAS CAUSED BY: 30 min IMMEDIATE CAUSE to DUE TO, OR AS ALCONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL LIFEITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (his hospital) attended the degrosed from 19 00 , and that is (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (well did) (did not) view the body offer death 226. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Feb 14 1986 New Cathedral Cem. Burial Baltimore Maryland 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

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07	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH	6 0 4 4 6 4
P		CEASED NAME FIRST		OF DEATH MONTH DAY YEAR 26 HOUR
	(,,,,,	STEPHEN		BRUARY 25, 1986 8:43 M
	3. SE:	(4 RACE S. DATE OF BIRTH 6. AGE 1	IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		MALE	WHITE 7 5 46 3	39 YRS
27 8		RTHPLACE (STATE OR FOREIGN	MADDIED NEVER MARRIED V	MORE CITY OR COUNTY OF DEATH
		Maryland	U.S.A. WIDOWED DIVORCED	TIMORE CITY MD.
35		TY OR TOWN OF DEATH ALTIMORE	THE NOT THIS THE CHITY GIVES TREET ADDRESS!	ALOCCUPATION WORK FOR MOST OF WORKING LIFE) Lef Clerk Chessie System
33	130. 5	AL RESIDENCE IF NURSING FOME TATE 10 CO		et address / zip code N. Paca Street 21201
mine	14. FA	THER'S NAME	MIDDLE LAST FIRST	MIDDLE
)		Charles	F. Kerler Agnes	M. Miller
		VAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN) (IF YES. O	rmed forces? 166 social security no. 17 informant 218-44-9201 Elizabeth A. Key	ydash 5815 Heron Drive
or other troumotic event, f		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF (b) Ka Co S i'S Sarco ma DUE TO, OR AS A CONSEQUENCE OF (c) A T O S	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 MINUTE 4 MONTHS
Superior Sup	CERTIFICATION	19a. DATE OF OPERATION	YES [UTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
d or frem 18 sh		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY O	R) P.M. 19 210 PLACE OF INJURY 211 LOCATION	R NATURE OF INJURY IN 11EM 18 PART OR PART 2) CITY OR TOWN COUNTY STATE
3	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CHIOMIONIA COUNTY STATE
om si 17		22a.1 certify that (1) (This has saw the deceased alive above, (1) (we) (did) (did	2/25 19_86 that (I) (e) last urred an the date and hour and from the causes stated	
T Tem	1	22b. SIGNATURE Cole	DEGREE ATTENDING MEDIC PHYSICIAN DIRECTOR	AL STAFF OR PHYSICIAN 720 DATE SIGNED 2/25/86
APORTAN		22d. PHYSICIAN'S NAME (TYPE	Petersen Idhus Hopk	ins Hospital
5	220 1	HIDIAL CREMATION PENON	1 22 DATE 122 NAME OF CEMETERY OF CREWATORY 1224 IC	OC ATION

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

2/26/86 Burial
24 FUNERAL DIRECTOR ADDRESS 4107 Wilkens Ave Hubbard Funeral Home, Inc.

236 DATE

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

21229

23c. NAME OF CEMETERY OR CREMATORY

Baltimore Loudon park Cemetery 250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Md. STATE

COUNTY

	1-	FOR STATE	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY	GIENE 86 041	165
	1 DE	REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
056015	3 SEX	ANDREW	1 RACE	SSLER 5. DATE OF BIRTH	2 16	86 7:00P M
fre the free that the free tha	C	TALS	WHITS	MAY 25. 1895	88 YRS	MONTHS DAYS HOURS MIN.
Poth. Po	O BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIWARCED N	9 BALTIMORE CITY OR COUNTY	OF DEATH
s ofter de	Be	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A VAMC, BALTIMORE	HOME OR OTHER INSTITUTION	BALTTMORE CTT 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
thin 24 hour	17	ARYLAND BALT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE LITY 13 CITY OR TOWN	13d INSIDE CITY LIMITS? YES NOTHER MAIDEN NA		Rivs
comple	166.0	JOHO	MED FORCES? 166 SOCIAL SECUR	MARCARS	ADDRESS	Swa) O
be exected on and services. Page	1 (1)		E WAR OR DATES)		RECORDS	
Thirticate I physicic an paper emoval.		PART 1. DEATH WAS CAUSED	ly one cause per line far (o), (b), and DBY E CAUSE (a) CONGE	STIVE HEART	FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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equires n signee Then pl to burn injury, c	CERTIFICATION	Maria and			200 AUTOPSY? 200 IF YES	S, WERE FINDINGS USED
4 4 4 4 4 4	RTIFIC	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	121. HOW BUILDY OCCUR	YES NO YE	FYING CAUSES OF DEATH?
SICUAN og phys cartifica entel th	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
one had a seed of the had a se	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FA	RM_ETC 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIA espital ar ECTOR. Al difer use o r. of Health m 21 is man		sow the deceased alive an above, (Wwe) (did) (Adve)	ol) attended the deceosed from 2/16/86 19. It view the bady after death.	ond that in (aur) apinian	to <u>2/16</u> deoth accurred on the date and hou	
by the house by th		226. SIGNATURE LESSON 220. PHYSICIAN'S NAME (TYPE)	Shift ain	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	2/11/86
O HOSPI retained b hould be with the Si		LESLIE I	KATZEL		AVEN BLVD. BALTIN	ORE MARYLAND
BP	01	URIAL, CREMATION, REMOVAL	236 DATE 236 N FSB-201986 P	AME OF CEMETERY OR CREMATORY	PARKY US	3 ALTO- MARYLAN
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	INERAL DIRECTOR	OF MS MORISS	800 RUAD 250 DA	TE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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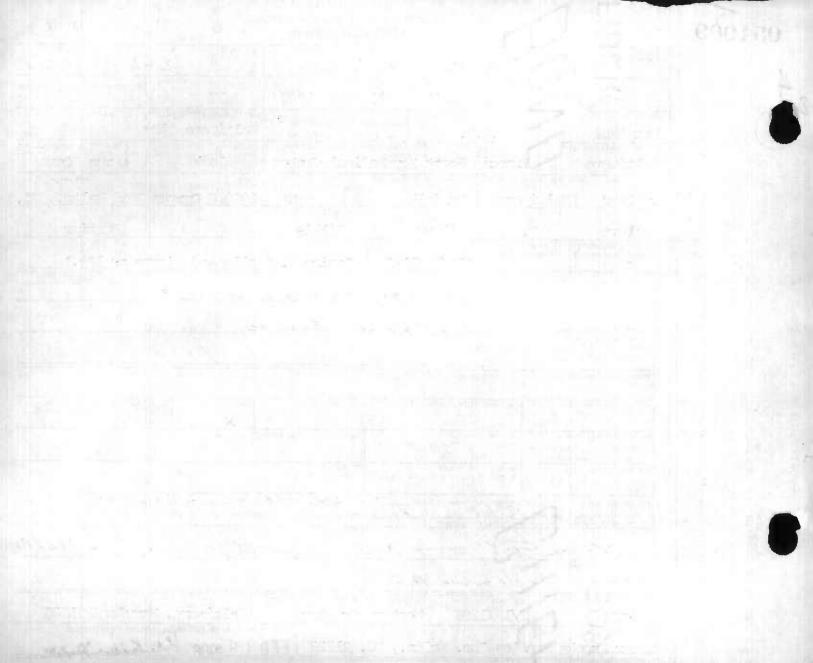
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Market Market Comments

(VRA 15, 4)

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(VRA 15, 4)



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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701

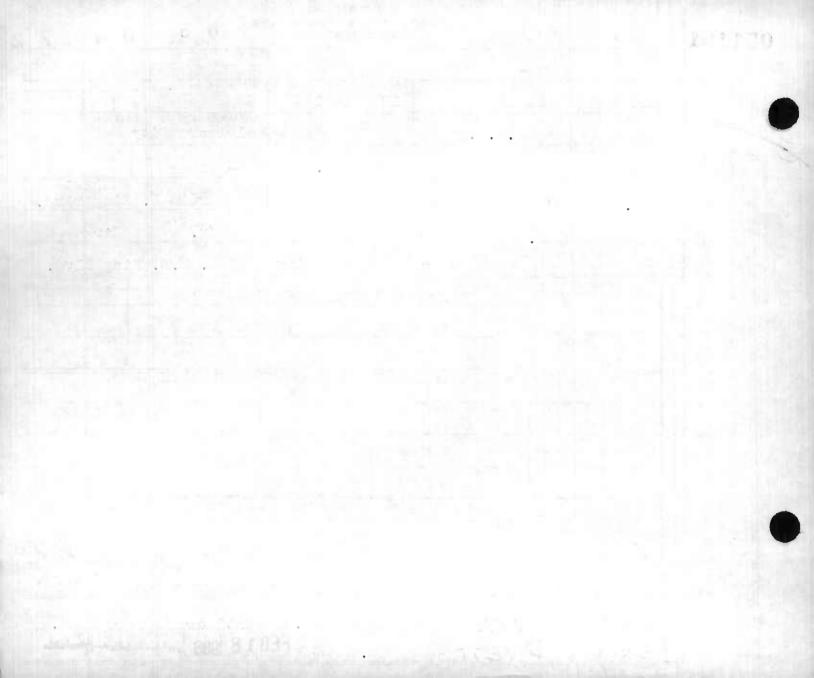
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	DEPARTE	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	0 4 4 7 2
	DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	KIRK /	FEBRUARY 14,	1986 8:30P _M
1	SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Male	Black	12" 04 1986	56 YRS	
	a. BIRTHPLACE (STATE OR FOREIGN ary land	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Ci	
11	CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET Church Home	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Cab-Driver	12b. KIND OF BUSINESS OR
1	JSUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION) //N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO 903 Martin L	21201 King Blvd.
١.	FIRST	MIDDLE LAST	FIRST	WIDDLE V.	Kirk
	JOSEPH 60 WAS DECEASED EVER IN U.S. A		JRITY NO. 17 INFORMANT	ADDRESS	111111
	yes or unknown) IIF YES G	217-26-	7191 Mary Kirk	903 N. M.L.	King Blvd.
	PART 1. DEATH WAS CAUS	inly one couse per line for (a), (b), an ED BY: ATE CAUSE (a) METAST		OF LIVER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUI	ATOMA	winal disease or condition (SIVEN IN PART I (a
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \)
			AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	PARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive a abave, (I) (we) (did) (did n	nFFRUARY 14 19 1	FEBRUARY 5, 49 80		that (I) (we) last our and from the causes stated
	226 SIGNATURE	njemi 1	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	2/14/86
	A R NAZE	0	0	URCH HOSPITAL ADWAY BALTIMO	CORP. RE, MD 21231
23	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
L	Cremation	12/17/86 W	Ceme.	Baltimore	Md.
1 2	14 FUNERAL DIRECTOR		250 DA	B 1 8 1086 Filia	CTDADIC CICALATIED

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



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1146	1	FOR - STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH				RE	G. NO.	9 4	/ 3	3
MAN SHOW		PE OR PRINT)	FIRST	٨	AIDDLE	l	AST	20. DATE OF DEA	TH MONTH	DAY YEAR	R 26 HOUR	
and decor	Ł	J	ames		1.		patrick		ary 6,	1986		٨
1	3 3	SEX -		4 RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DA	EAR IF UNDER 24	HRS MIN.
90		Male			ite	Oct	. 14, 1959	26	YRS			
20 D	70.	BIRTHPLACE (STATE OR I	OREIGN	Th CITIZEN OF		MARRIEI	NEVER MARRIED					
		Maryland		U.S.		WIDOWE			timore		0.0100000000000000000000000000000000000	ME
()	10.	Baltimor		(IF NOT IN SUC	H FACILITY, GIVE		R OTHER INSTITUTION	120. USUAL OCCU	OST OF WORKING		D OF BUSINESS	OR
filled Suld		UAL RESIDENCE (IF NURS STATE Maryland	136 COUN		13c. CITY OR Balti	TOWN	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDR 903 A	ESS / ZIP CO		21205	
2 sh	14	FATHER'S NAME		AIDDLE	LAST	,	15. MOTHER'S MAIDEN N			TYLLT	_LAST	
and		Alfred	E.		irkpat		Dena	J		Hal	lock	
Pages Pages medicol	160	WAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	A	DDRESS	34.3	21205	
s. Page		No	(11 103, 0110	. Trail on pares,	213-8	0-5821	Kathleen E	. Kirkpat	rick 90	3 Alri	cks Way	r
ng physical banpaper removal. c event, th		18 CAUSE OF DEAT PART I. DEATH W	'AS CAUSED	y one couse per DBY: E CAUSE (0)	BR	AIN	METASTA:	515		BETW	POXIMATE INTERVA	S
ease remove car		Conditions, if any, gave rise to immicause (a), statir underlying cause	nediate ig the	(b)	TE	SEQUENCE OF	LAR CA	LCINON	nA	2	yra	2
Then plant to burning, o	NC		WIFICANTO	と			NOT RELATED TO THE TER	MINAL DISEASE OR	,			
t permit	CEPTIFICATION	190 DATE OF OPERA	TION	196 CONDI	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	YES NO	IN CER		DINGS USED SES OF DEATH? NO	?
rial-tronsi entol Hygi ttem 18 sh	-	OR CONTRIBUTION	CAUSE OF DEAT	HOUR A	M. MONTH	DAY YEAR	THE HOW INJURY OCCU	RRED (ENTER NATURE O	FINJURY IN ITEM T	8 PARI ORPARI	2)	i
ond Mer	MEDICAL	214 INJURY OCCUR	HED TO	21e PLACE	OF INJURY	mice of the	THE ECCATION	CHA	CR 10wn	L	5747	
at Health 21 is mor		27s.1 certify that (I) saw the decess above, (I) (we) ((this hospit	Jan	31	1967 - 1	19	to PC	the date and h	19_ our and from	that (I) (we the course state	l las
State Dept.		77% SIGNATURA	Chn	CA	tun	e m	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN I	11	7/86	,
should be det with the State		11	John	C. Dov	vns M.	D.	Universi	ty Hospita		timore	, Maryla	an
« » Z	23	BURIAL, CREMATION,		73h DATE	1000		EMETERY OR CREMATORY	CITY OR TO	WN	COUNTY	ryland	TE
		Buris	11	Feb 10	1986	Gardens	of Faith	Bal	timore	Mai	yrand	

Baltimore, Maryland

1986

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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

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415		A J Jackyze	i ,oreart	e, Inc. se	and Proboci

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

REG. NO.

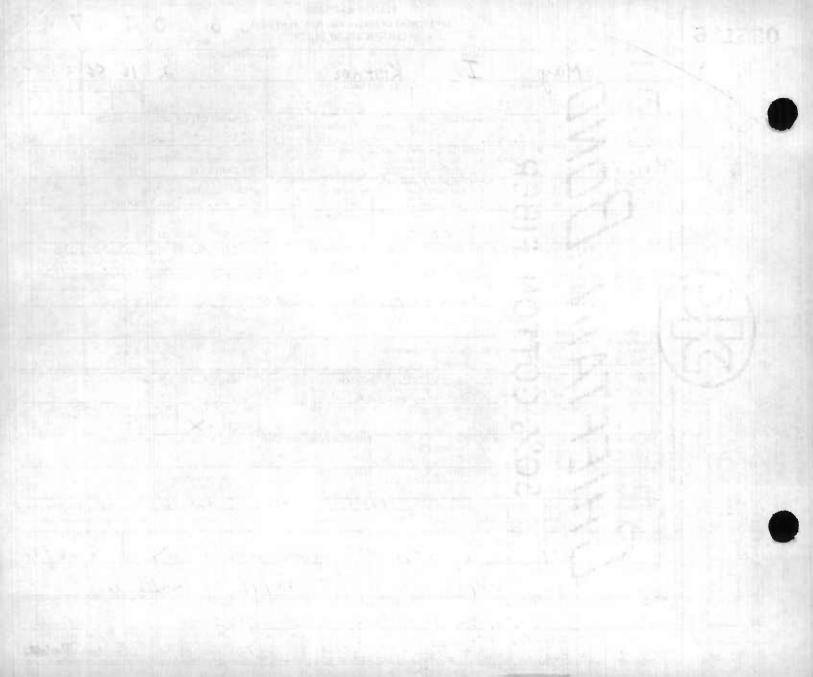
055186	1 -	FOR STATE REGISIDAR			DEPA	RTMENT OF F	FICATE OF DEATH	IENE 8 6	0	4 4	7 4
		MASED NAME	FIRST		MIDDLE		LAST			DAY YEAR	26 HOUR
8 75 3	June 1	CATRINTI	May		T.	Vie	Ly an		3	16 86	12:02 an
- 1 14	1. SE		1100	4 RACE	41	5. DATE O	The.	6. AGE (IN YEARS LAST BIRT	WDAY)	IF UNDER I YEA	
- /	1. 2E		V	4 KACE		MONT				WONTHS DAY	
8 9 E	. 3	emale		White		9	1 1926	59	YRS		
2 42		RTHPLACE (STATE OR	OREIGN	76 CITIZEN OF	WHAT COUNT	RY? B	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
1 15 855		aryland		U.S.A		WIDOWI		Baltimore	City		440
4 44 4		TY OR TOWN OF DEA	TH				OR OTHER INSTITUTION	12a USUAL OCCUPATION		126 KINIT	MD. O OF BUSINESS OR
# # 12 /	1		- /	(IF NOT IN SU	CH FACILITY, GIVE ST	TREET ADDRESS)	SK OTTEK KASTITOTION	(TYPE OF WORK FOR MOST O			
3 雅 化		ALIA			edical		CONTRACT TO A ST	Housewife			
1 3 40	130 S	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	13c CITY OR T		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
7 35 52		aryland	167	timore	Dund		YES NO XX	263 St. He			21222
1 25 7		THER'S NAME	-41	22.11.02.0			15 MOTHER'S MAIDEN NA				
1 Haba		FIRST		MIDDLE	LAST		FIRST	MIDDLE		1	LAST
1 1000	_	ot Known		3.3		ssler			own		
C 500 Pd		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	16b SOCIAL S	SECURITY NO.	17 INFORMANT	10-309RE	A Malo	colm C	ircle
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4 95 4		8 CAUSE OF DEAT	M (Cata) as	h. can causa ac	ulian for the the	, and in				APPR	OXIMATE INTERVAL EN ONSET AND DEATH
Party Co.	13.	PART I. DEATH W	AS CAUSE	D BY:	- 1		Y			BETWEE	N ONSET AND DEATH
2 0000			IMMEDIAT	E CAUSE (o)	Carely	crupir	along and			-	
6 600 0	100	WEST 15		DUE TO, C	R AS A CONSE	OUENCE OF	~				
3 419 5	-37	Conditions, if ony,	which	(ib)							
2 2111		gave rise to improve couse (a), statin		}					III.		
5 455 4	196	underlying couse		DUE 10, C	R AS A CONSE	EQUENCE OF				8 30	
£ 227 8	15			(c)							
1 656 6	2			_	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON)ITION GIVI	EN IN PART	110
8 12 2	NOL	Cardio	whol	othy,	rena	l failu	re				
1 2116	CA	190 DATE OF OPERA	TION	196 COND	ITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES	WERE FINE	DINGS USED ES OF DEATH?
21 25114	1	S. (11.34)		100				YES NO		s M	NO []
59 4294	CER	210. ACCIDENT WAS UNE	ERLYING T	216. TIME C	OF INJURY		21c. HOW INJURY OCCURE		Y IN ITEM 18 P	ART I OR PART 2	
34 414 10	4	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	M. MONTH	DAY YEAR					
20 901 4	5	(IF EITHER NOTIFY MEDI			.M.	19				100	
E 1 1 4 7 8	MEDIC	21d. INJURY OCCURE			OF INJURY	FICE, FARM, ETC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
Of 1007	-	NOT WE	PILE RK								
8 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		22a 1 certify that (1)	(this hospi	tal) ottended ti	ne deceased fro	omE	eb 1 19 86	to Feb	16	19 86	, that (I) (we) lost
西古 の ままっ		saw the decease	ed alive an	1-e	6-16-1	4 1	nd that in (my) (our) opinion i	death occurred on the do	te and hour	and from the	
THE WEST		22b. SIGNALURA	did) (did no	ti view the body	after death.		DEGREE				TE SIGNED
Se S		128. SIGINAJORQ	1-1	1	-	00	ATTENDING	MEDICAL STAF	E 4 /	III DA	2 / 1 2 /
3 3 3 5 6 5			MI		1000	aca o	PHYSICIAN [DIRECTOR PHYSIC		0	2/16/86
50 720 31		224. PHYSICIAN'S NA	AME (TYPE O	RPRINT)	- 1	1	22e ADDRESS				/
O HOSE TO FUN The Ald by The OFT		6	dith	(engol	d	70 FS	KMC 16	Ralle	MAR.	4
54 5413	23- 5	URIAL, CREMATION.	PEANOVAL	123b DATE		23. NAME OF	EMETERY OR CREMATORY	23d. LOCATION	70000	1000	
		SPECIFY)	KEMOVAL					CITY OR TOWN		COUNTY	STATE
BP	В	urial		2/19/	1986	Oak La	wn Cemetery	Baltimore			Maryland
DHMH - 16 60M 7/84	24 FU	NERAL DIRECTOR D	uda-R	uck, In	C.		25a DAT	E REC'D. BY REGISTRAR	256 REGISTI	RAR'S SIGN	ATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

7922 Wise Avenue

21222 Dundalk, Maryland

& Sie Davidson Bondal



044101	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		0 4 4 7 5
4 may be tor, page 3 ofter death		CEASED NAME LUC	MIDDLE KI	S. DATE OF BIRTH MONTH DAY YEAR YEAR 28	REG. NO. 20. DATE OF DEATH MO 6. AGE IN YEARS LAST BIRTHDA	1 - 6-86 IF UNDER 1 YEAR IF UNDER 24 MAS MONTHS DAYS HOURS MIN.
rs ofter death. Page by the funeral direc filed within 72 hours	Ма	RTHPLACE (STATE OR FOREIGN COUNTRY) LTY LAND TY OR TOWN OF DEATH A TIMOCA	76. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY OF ESTREET.	MARRIED NEVER MARRIED WIDOWED DIVORCED GHOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	ORE CITY M
within 24 houvillin 24 houvillin 24 houvillin 24 houvillin 24 houvillin 34 houvilli	13a Ma	AL RESIDENCE (IF NURSING HOME OF STATE TY Land THER'S NAME FIRST	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Baltimo	ADMISSION) N \$13d, INSIDE CITY LIMITS?	2914 Aruna	h Ave. 21216 Woodfork
ficore be executed thysicon and comp popers. Pages, on road:	16a \	OMAS VAS DECEASED EVER IN U.S. AR VANOOR UNKNOWN) (1757 A		RITY NO. 17 INFORMANT	omas 8 Westb	end Ct.#E 2120
quires that the death certificat signed by the attending physis hen please remove carbon pop to buriel, cremation, or removal iury, or other traumatic event, it	NO	Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ence of arrest Arrange	vest sis:	ION GIVEN IN PART 1(a
IYSICIAN: The law reding physician. Is certificate has been buriol-transit permit. I wented Hygiete prior in them 18 shows any in	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHEY MEDICAL EXAMINE! 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c. HOW INJURY OCC 19 211. LOCATION	YES NO NO NO NOTE OF INJURY IN	DIL IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
OR ATTENDING PH he hospital or others he hospital or others DIRECTOR: After the locked for use os the locked for use os the locked. of Health and if hem 21 is marked.	MED	WHILE NOT WHILE TAT WORK 220.1 certify that (I) (this hospi	ital) ottended the deceased from	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	216 186
TO HOSPITAL TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME (TYPE C SCAUSE - YOU BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	23b. DATE 23c. N	1.D. 7600 OSE NAME OF CEMETERY OR CREMATOR . Auburn Cem.	2 Dr. Towson y 1334 LOCATION Baltimore	
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	1.0 XL 4689955 T	ib. Hghts. Av F	B 1 0 1986	REDSTABLISHED AND A STATE OF THE STATE OF TH

101110 Conduct asserts will Reprinted Prest A Martin St. M. St. Martin X where there or will be a second 25 1 17 - 18 1 -Committee of the second and the second secon

			STATE OF MARYLAND		total and A
5192	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENES 6 REG. NO.	4476
	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
eoth eoth	CLARENC	E F:	KLEEMAN	FEBRUARY 18	1986 4:55
2 12	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
5 5	Male	Cauc.	March 1, 1914	71 YF	
in 72 hou	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COU	
33	CITY OR TOWN OF DEATH	JOHNS HOPKING	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Disb. Mgr.	12b. KIND OF BUSINESS OF INDUSTRY G.A.F.
	USUAL RESIDENCE (IF NURSING POMEO 13a STATE Georgia DeKa	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 130 CITY OR TOV 130 Decatu	YN 13d INSIDE CITY LIMITS? YES X NO		Circle 30030
214	A FATHER'S NAME FIRST Louis	MIDDLE Kleema	n lena	ME	Kuntz
licol -	(YES NO OR UNKNOWN) (IF YES GI			ife) ADDRESS	
a a	Yes WWII	Navy 268-10-	1520 Florence M	. Kleeman Sa	ame as #13
to buriol, cremotic		DUE TO, OR AS A CONSEOU	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1:0
iene prior	190 DATE OF OPERALION 210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
18 sh	00 000 100 100 100 100 100 100 100 100		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEN	A 18 PART (OR PART 2)
Mento	CITE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M.	19 211 LOCATION		
v pud v		21e PŁACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.		CITY OR TOWN	COUNTY
mork		ital) attended the deceased from.	34h 14th 10 80	20/20/18	
of He 21 is		Tels 18 19 19 19 19	86 , and that in (my) (our) opinion	death occurred on the date and	
ept.	22b. SIGNATURE	or view the body offer deoffi.	DEGREE	E-G-B-T-E	224. DATE SIGNED
ofe D	Bransh	1 prineau	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	2/18/80
with the Stol	22d. PHYSICIAN'S NAME (TYPE	OR PRIINT	22e ADDRESS	1. DI CA-	- 1001
WPO W	DIANS	M FARINZAL	600 ho	with It	
-	230. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	Burial	2/21/86 S	t. Joseph's Cem 21018 250 DA	. Cincinnati TE REC'D. BY REGISTRAR 256 REC	
5 60M 7/B4	Floming Fund	sarnes	Bengon Md FE		GISTRAR'S SIGNATURE

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTA
STATE REGISTRAR	CERTIFICATE OF DEATH

AL HYGIENES

	CEASED NAME FIRST JOHN	J.	ι	KLIMA)2	16	86 2b.	5:00
3. SE	Y	4 RACE	5. DATE C	AE BIRTH	6. AGE (IN YEARS LAST BIR)	HDAY	IF UNDER		INDER 24 HR
	MALE	CAUCASIAN	MONTH	DAY YEAR	. 102 (11110111011011011	,			URS MIN
			10	29 10	75	YRS			
	ARYLAND	76. CITIZEN OF WHAT COUNTRY?	MARRIEI		BALTIMORE CITY O			тн	
1,17	AILTEAND	UDA	WIDOWE	D DIVORCED	NATIT TMOVE	CII	T	45	1
	AT MITMODE	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATION	ON SKING	12b K		ISINESS C
D	ALTIMORE	FRANCIS SCOT	LKE	Y MED. CNTR	TABORER		2	TEEL	J
	JAL RESIDENCE LIF NURSING HOME OF STATE 136_COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	719 000	NE .		
	MARYLAND	BATTIMO		YES X NO	4002 LYNI			- 27	213
_	ATHER'S NAME			15 MOTHER'S MAIDEN NAM	Æ				~
	Joseph	MIDDLE KLIMA	Δ	ANTONIA	MIDDLE		SMY	PIN A	
160.	WAS DECEASED EVER IN U.S. AR			17 INFORMANT	ADDRE	SS	DIVIT	THAT	
-	(18 YES, GIV	2130720	77	MODDEDM KT	TIME SOUL	TNIC	TEMO	OD 4	1770
				NORBERT KI	ITMA 2024	TING		ALC: TANK	
	PART I. DEATH WAS CAUSE	nly ane couse per line for (a), (b), one	dicin	_0			BET	PPROXIMATI WEEN ONSE	T AND DEAT
	IMMEDIA	TE CAUSE (a) Cardiac	- a	nest			N	our	
	1 miles 200 miles 40								
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	- 0	To luci					
	gove rise to immediate	(6)	1						
	couse (o), stating the	DUE TO, OR AS A CONSEQUE	NCE OF	0					
	underlying couse lost.	(c) dialete	~	mellitus					
-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION G	IVEN IN PA	RT 110	- 517
CERTIFICATION	A DATE OF ORENATION		00001710		T	Lance to the			
ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE F IFYING CA		
RTI					YES NO		ES 🗌		0 🗆
B	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PA	Rf 2)	
AL	OR CONTRIBUTING CAUSE OF DE	AID -	19	Control of the Control					
\simeq									
0	214 INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION			4000		
MEDICAL	WHILE NOT WHILE	218 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FA	ARM ETC }	211. LOCATION STREET	CITY OR TO	WN	COUN	TY	STATE
MED	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE FA	ARM ETC }	STREET		WN			
MED	while NOT while 220.1 certify that (1) (this hasp	(AT HOME STREET, FACTORY OFFICE FA		STREET	, ta		, 19	, that	(1) (we) lo
MED	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp saw the deceased alive on above, (1) we) (did) (did not be seen above, (1) we) (did) (did not be seen above).	(AT HOME STREET, FACTORY OFFICE FA	86, on	, 19			, 19 ur and tro	, that	(1) (we) lo
MED	while NOT while 220.1 certify that (1) (this hasp	(AT HOME STREET, FACTORY OFFICE FA	86, on	STREET		ite and ha	, 19 ur and tro	, that	(1) (we) lo
MED	white NOT WHITE 220.1 certify that (1) (this hasp sow the deceased alive an above, (1) We) (did) (did no 22b SIGNATURE	ital) attended the deceased fram	86, on	of that in (my) (our) apinion dispersion of the control of the con	, ta eath accurred on the do	ite and ha	, 19 ur and tro	, that	(1) (we) lo
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MED	white NOT WHITE 220.1 certify that (1) (this hasp sow the deceased alive an above, (1) We) (did) (did no 22b SIGNATURE	ital) attended the deceased fram	86, on	of that in (my) (our) apinion do DEGREE ATTENDING PHYSICIAN [1]	, to eath occurred on the de	ite and ha	, 19 ur and tro	, that	(1) (we) h
23a	WHILE AT WORK 220. I certify that (I) (this hasp sow the deceased alive an above. (If) we) (did) (did not 226 SIGNATURE 220. PHYSICIAN'S NAME (TYPE C. S. F. BURIAL, CREMATION, REMOVAL	ital) attended the deceased fram	86, on	of that in (my) (our) apinion do DEGREE ATTENDING PHYSICIAN [1]	MEDICAL STAP	ite and ha	22c.	, that	(I) (we) loses stated NED HG
23a	WHILE AT WORK 220. I certify that (I) (this hasp saw the deceased alive an above, (I) we) (did) (did no 226 SIGNATURE 226. PHYSICIAN'S NAME (TYPE C	ital) attended the deceased from 13 yiew the body after death. 23b DATE 23c N	AME OF CI	DEGREE ATTENDING PHYSICIAN [2] 22e ADDRESS	MEDICAL STAF	FIAN .	, 19 ur and tro	, that	(1) (we) lo

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

FEB 1 8 1986

his Davidson Randalle

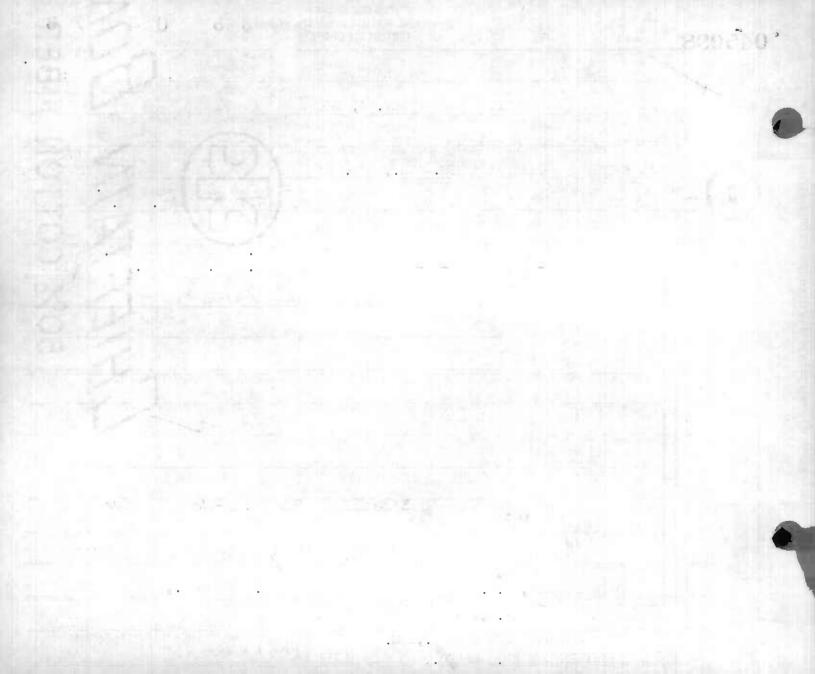
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509	9	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0 4	4 4	7 8
		CEANED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR A
100	X	HARRY		KI	OZE	FEBRUARY	6, 198	6	8:50 M
- Jus	1.50	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST I	JIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
20		MALE	WHITE	OCT.	4, 1913 YEAR	72	YRS	MINS. DAYS	HOURS MIN.
2 100	Jo. E	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	D NEVER MARRIED X	9 BALTIMORE CITY	OR COUNTY C	FDEATH	
1 1	7	MARYLAND	USA	WIDOWE	DIVORCED	BALTIMO	RE CITY		MD
1	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPA		FREA	NGLENESS OR
No.	1	BALTIMORE	7111 PARK HTS.	AVE.,	APT. 707	EMPLOYEE			TING GOOL
1842	13a	AL RESIDENCE (IF NURSING HOME STATE 13b. COI	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS	7 7 IP CODE	APT.	707
8	1	MARY LAND —	BALTIMO	RE	YES X NO	7111 PARK	HTS. A	VE.	#21215
116	14. F	ATHER'S NAME	MIDDLE IASI		15 MOTHER'S MAIDEN NAM	AE MIDDLE			
5100		MAX	KLOZE		BERTHA	WIDDLE		SAMET	51
1 deco		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEG	CURITY NO.	17 INFORMANT M	RS. ELLISD	COHEN	APT.	702
1			I-NAVY 220-07	-3107	7111 PARK H	TS. AVE.	BALTO.	, MD	21215
4		18 CAUSE OF DEATH (Enter	anly one couse per line far (a), (b), o	and (c)	7 . 10	0)	APPRO)	XIMATE INTERVAL
hows any mistry, or other	RTIFICATION	190 DATE OF OPERATION	DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICE	D DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFY II	WERE FINDI	
1=0	Ü	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN	IURY IN ITEM IB PAR	1 (OR PART 2)	
1 /	10 A	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19					
ved or	MEDIC	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE	FARM ETC)	216 LOCATION STREET	CITY OR	OWN	COUNTY	STATE
0			pital) attended the deceased fram	312	1983	10 2/10	10	860	that (I) (we) last
27.9	1	saw the deceased alive c	not) view the body ofter death.	0	d that in (my) (aur) apinian d	, , , ,	date and hour a		
E		226. SIGNATURE	ot) view the body ofter death.		DEGREE				SIGNED
-	100	(AAS	1.1.1	K	ATTENDING 1	MEDICAL ST.	AFF		6/86
31	1	226 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	DIRECTOR PHYS	CIAN	1 2/	3,00
MPORT.		BORIS KERZ			131 SLADE AV	E. BALT	O., MD		21208
		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL			EMETERY OR CREMATORY RE HEBREW	234 LOCATION CITY OF TOWN BALTIM	IORE	COUNTY	ARYLAND
OM 7/84	24 F	UNERAL DIRECTOR SOL	LEVINSON & BROS.	, INC.	250 DATE	REC'D. BY REGISTRA	R 256. REGISTRA	R'S SIGNAT	TURĖ •
5, 4)			OINTNI DD DAITO		21 21 FEB	1 1 1986	de and the b		

21215

BALTO MD

6010 REISTERSTOWN RD.



X		#1, 13e FOR 2/2	FILM FILM	G 612	DEPAR		E OF MARYLAN		IENEZ 6	n	4 4	7 9
59003	1.	STATE REGISTRAR					ICATE OF DE		• •	EG. NO.		
be of the state of		CEASED NAME CORPRINT!	FIRST		MIDDLE G		JAUB		20 DATE OF DE	ATH MONTH	23/86	26. HOUR 7:10 P A
ge 4 moy ector. po rs ofter d	3 SE	NALE		RACE	hite	5. DATE (YEAR	6 AGE IN YEARS	LAST BIRTHDA	ACTION DAY	
nerol dire	Ja Bi	IRTHPLACE (STATE OR COUNTRY)	FOREIGN 7	US I	WHAT COUNTRY	? 8 MARRIE WIDOWI	D NEVER MA		Paltimore City or County of Death			
s offer d by the fu iled with		or town of de			HOSPITAL, NURS			UTION	12a USUAL OCC (TYS OF WORK FOR Super.			of BUSINESS OR
filled in fould be f	130	AL RESIDENCE (IF NUR STATE LONY LONG!	136 COUNT	OTMER INSTITUTION TY	Baltin	WN _	13d INSIDE CITY	Y LIMITS?	STREET ADD	RESS / ZIP C	99tie A	e121
ompletely ond 2 st	14 F/	George	E.	NIDOLE KI	naub			NAIDEN NA/	M	DDIE	Letsc	last h
n and ce Pages		VAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	216-05-		Mrs. Be		e L. Kna	address ub Sai	me	
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ottending physician. Uter this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove corbonpopers. Pages on 2 should be filled to an Amental Hygiene prior to burial, cremation, or removal.	NO	Conditions, if ony gove rise to im couse (o), stati underlying cause	mediate ng the last	DUE TO, O		UENCE OF UENCE OF ODEATH BUT	rehe ascula	ov	it dis	lant		110
he low re oon. has been t permit. iene prior	CERTIFICATION	190 DATE OF OPERA			ITION FOR WHIC	H OPERATIO	N WAS PERFORM	MED	YES NO	INCE	FYES, WERE FINE ERTIFYING CAUS YES [DINGS USED SES OF DEATH?
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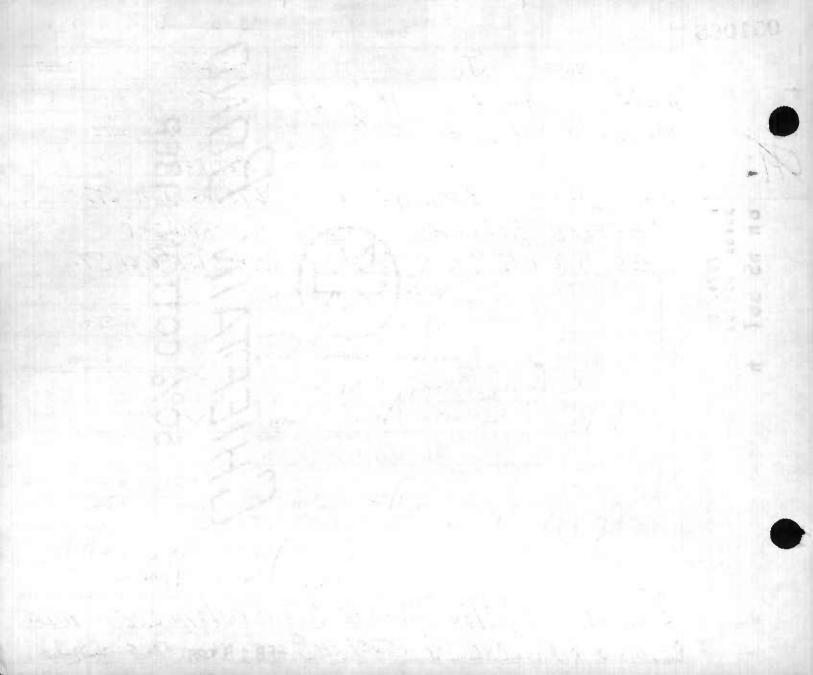
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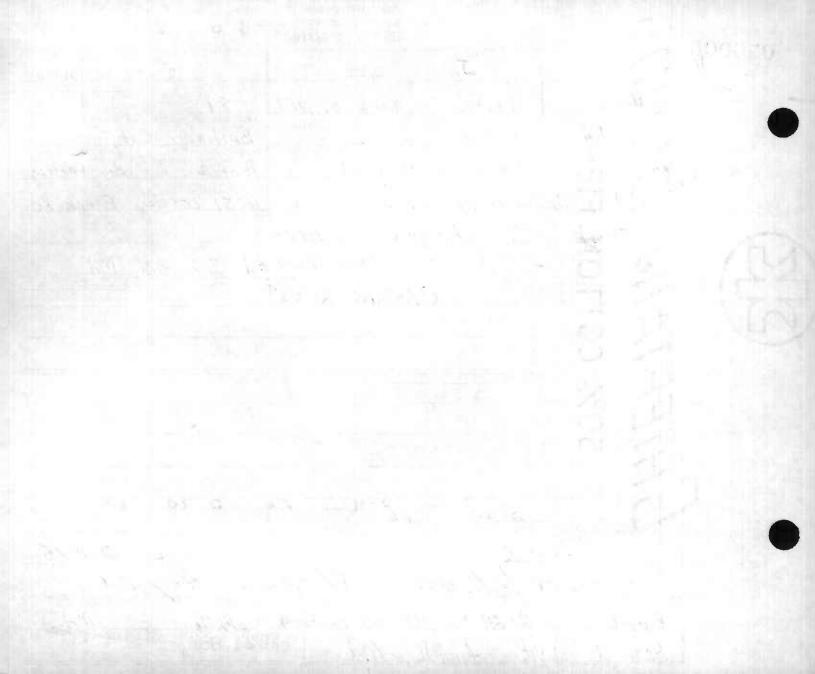
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064099	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	reg, no.	4 4 8 0
064036	DECEASED NAME FIRST	MIDDLEALA	Lendall	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oge 3	GEO	RGE	KNEDALL	February 25, 1	1986 6:25a M
you og	3 SEX	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
a soo	MAKE	Cole	MA 422, 1911	74 YRS	MONTHS BATS HOURS MIN.
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11122	O CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	SING HOME OR OTHER INSTITUTION	120 USUADOCCUPATION (TYPE O WORK FOR MOST OF WORK AG LIF	12b. KIND OF BUSINESS OR
8	BALTIMORE		TER BALTIMORE MD	KEIIred	
TO A CHARLE	DAY AM		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS PZIP CODE	
de la company	14 FATHER'S NAME	MIDDLE Kandin	15 MOTHER'S MAIDEN N	AME MIDDLE HON	LAST CAST
# 1 1 1	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS	ECURITY NO. 417 INFORMANI	APDRESS	6/6/000
OWL STATE	IYES NO OR UNKNOWN IF YES	GIVE WAR OF DITEST 219 01	4153 Mrs. Bealew	e Kenda/1/38/1	Bowers Ave.
4DS, 201 W. PRESTON ST., equires that the death certific is signed by the ottending phother please remove carbon at taburial, cremotian, or remonitor, or other traumotic even	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSE	percolcemia	ung Cancer	EN IN PART 1(a
AL RECORDS he low requi on. t permit Ther rene prior to the ows any injur	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\bigcap \) NO \(\bigcap \)
VII T IN T hysici ronsi Hyggi Hyggi Sh	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM IB P	
DIVISION OF NG PHYSICIA offending pl offer this certif of sthe burial-it th and Mental orked or frem	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME STREET FACTORY, OFF	21f LOCATION	CITY OR TOWN	COUNTY STATE
ENDI rol or OR. A Heal	220.1 certify that X() (this has saw the deceased alive abave. (「Ywe) (did) YM	spital) attended the deceased from February 25 1	m_February 24, 19.86 9.86_, and that in (MX(aur) apinio	to February 25 n death accurred an the date and hav	19 <u>86</u> , that XIII (we) last and from the causes stated
Che he	226. SIGNATURE	I. The	Cornact ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 25/86
TO HOSPITAL tretorned by the TO FUNERAL should be deto with the Store IMPORTANT: H	224. PHYSICIAN'S NAME (TY		27e ADDRESS	Danson Diani Dali	/ 21210
Short	230 BURNAL, CREMATION, REMOV	c Cormick, M.D.	3 MAME OF CEMETERY OR CREMATORY	Raven Blvd. Balt	1moe MD 21218
BP	BUYIAL	2-28-86	SAYVISON Forest ha	.Co. BAIL	COLUMIY STATE
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Hyperesternay Arrest
Metantatic Lung Concer





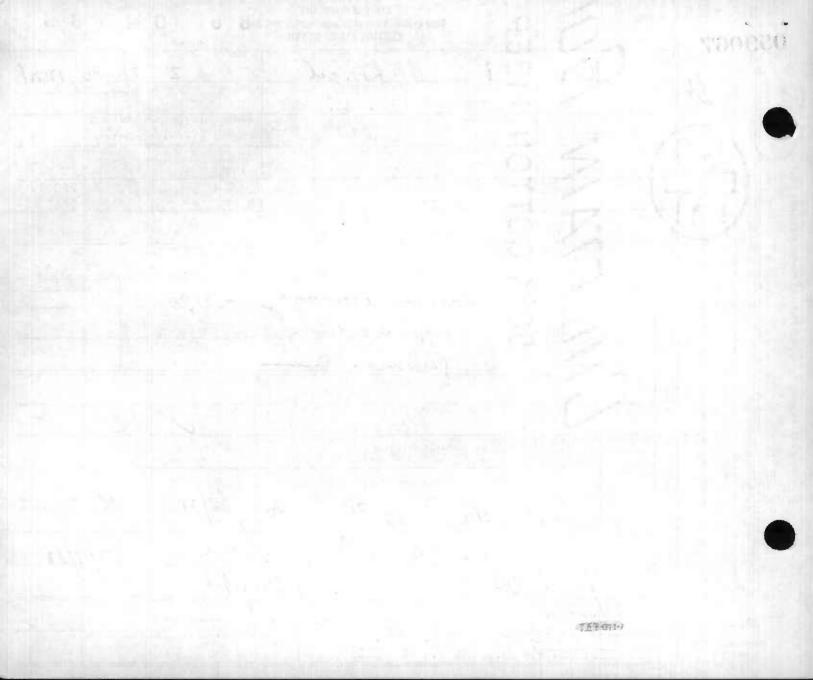
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	E>>>452	-	AT WORK	ATWORK					-				
	L EXAMINER: 1 E CERTIFICATE, DULD BE FORV L DIRECTOR: F H, WITH THE SI MARYLAND, 3		22a certif		af the remains descri	ribed above, h	eld an A	rtopsy XX	Inspection	, Inquiry	, and in my	opinion	
	STECT SECTION OF THE		death resulte	Nature	al causes XX.	Accident	Suicide			Undetermined manner	<u></u>		
	CERT CERT OULD I	×	ACTUAL /	100,000	in My Kon	in the	(14)		SPECIFY)		DAT	rs 2 1(9-86
	SHE SHE		SIGNATURE_	Ceru	JAJA JA	11	round	_M.D.ASSI	stant	_MEDICAL EXAMINE	R SIGI	NED Z-1	7- 00
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	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOUDE BE FOR TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAY	23a BI	1	ION, REMOVAL 23				ADDRESS_			1100.,	PIG. 217	201
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

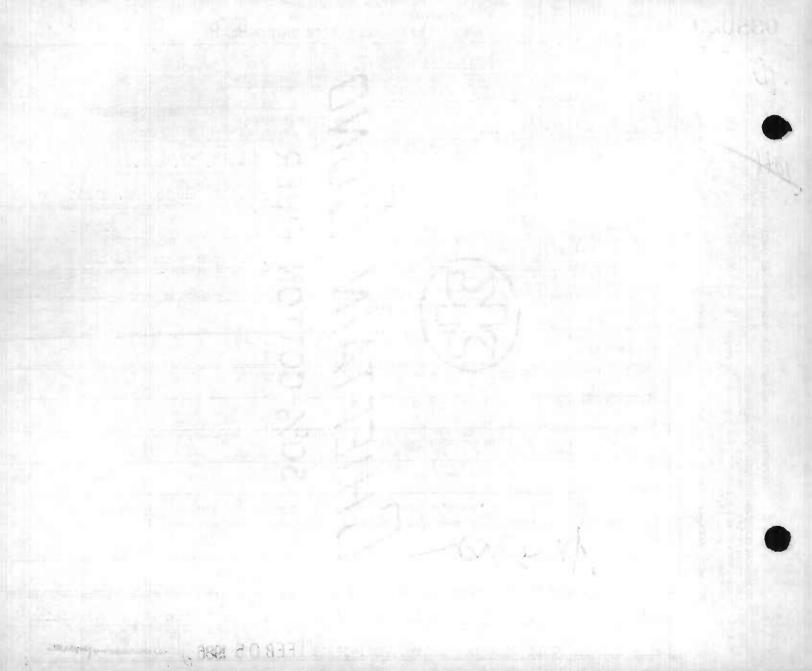
9067	1	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.				
oge 3 deoth	1 DI	ECEASED NAME FIRST	WIDDIE	Kriegel Kregel	20 DATE OF DEATH MONTH	2/ 86 12:20 A			
te of the o	3. SI	X	4 RACE	5 DATE OF BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.			
ours o	7- 5	MALE SIRTHPLACE (STATE OR FOREIGN	WHITE	FEB. 12, 1901	85 YRS	A OF DEATH			
72 h	/ 10.0	COUNTRY	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIEDXX	9 BALTIMORE CITY OR COUNT				
within 72	10 0	RUSSIA	USA	WIDOWED DIVORCED DIVORCED DIVORCED	RALTIMORE	CITY MD			
of the	1		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	ATTORNEY				
be	USU	BALTIMORE JAL RESIDENCE (IF NURSING HOME OF		ADMISSION)		#21201			
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2 sh		ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA					
omple)	JACOB	KRIEGE		WIDDLE	SALANT			
0 0		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT FRAN	KLIN D. WOLFFE				
S. Page		NO	215-10-5	255 1554 FORES	Γ VILLA LA., McLF				
oper oper wal.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line far (o), (b), on	dien CII		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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Then plant in the	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	VEN IN PART 110			
A permit	CERTIFICATION	EN DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	CERTI	S. WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO			
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pho d	1	west D Notwest D	(A) HOME STREET, FACTORS, CHTCE.	NAME (LET)	CITY ON TOWN	COUNTY LIMIT			
Seoff A mo		The rest of the second of the	tol) offended the deceased from_	2/1 10 16	10 2/2/	19.76 (fi (ww) last			
200			t) were the body after death.	ond that in (my) (our) epinion	death occurred on the date and had	or and from the courses stated			
T. If Her	-	22h SIGNATURE	mon	ATTENDING PHYSICIAN	MEDICAL STAFF	2/4/18			
O FUNERA IN the Sto		274 PHYSICIAN'S NAME (1991)	04	Mercy It	april-1	10			
2818		BURIAL CREMATION REMOVAL	1 2-23-86 IWES	NAME OF CEMETERY OF CHANATORY STVIEW MEMORIAL PA		COUNTY STATE MD			
- 16 60M 7/84	24 F	UNERAL DIRECTOR SOL LI	EVINSON & BROS.,	INC. 21215	TE REC'D BY MEGISTRAN 256 REGIS	TRAR'S SIGNATURE			
(VRA 15, 4)		POTO REISTERSTO	WN RD., BALTO., 1	MD 21215	TERROR MORE				



	FOR	DEDAD	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	CIEME /	A A Q A			
1	- STATE REGISTRAR	DET AN	CERTIFICATE OF DEATH	REG. NO.	4 4 0 0			
045016	1. DECEASED NAME EIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
045016	God Fre	DANIEL	Kmonick	February	6 1986 1245 PM			
moy b	3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS			
ge 4	MALE	WHITE	10 25 04	8/ YRS	YRS. MONTH'S DATS HOURS MIN.			
Pod Sp	78. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIEDXX NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH			
Jeon Jeon	ENGLAND	USA	WIDOWED DIVORCED	DAITTMODE CITY				
D 21201 4 hours after a field in by the fu lid be filed with	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE SINAI HOS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING PHARMAC IST	126. KIND OF BUSINESS OR INDUSTRY DRUGS			
be find	USUAL RESIDENCE (IF NURSING HOME				#21215			
LAND :	MARYLAND 136 COL	INTY BALTIMO	DRE 13d INSIDECITY LIMITS?	7111 PARK HTS	. AVE., APT. 706			
五	14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME				
comple w	ABRAHAM	KROOPN	CK SHAIVA (JE	NNIE)	UNKNOWN			
BALTIMORE, iote be execu- syrican and co appers. Pages vol.	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANMRS.	FLORA KROOPNICK				
TIMORE	NO	2/6-32	1-/428 7111 PARK H	TS. AVE., APT.	706 #21215			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certificate this certificate has been signed by the attending phase the buriol-transit permit. Then please remove corbons the and Menfall Hyaise prior to burial, cremation, or removed Menfall Hyaise prior to burial, cremation, or removed or Hem 18 shows any injury, or other traumatic even	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	in Stem Cerek	JENCE OF	Almal disease or condition of the Diabet 200 autopsy? Tobal In cer	No 111			
physicio physicio physicio physicio physicio pronsit ol Hygie	an contramina Denticata		DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)			
SiCis of the property of the p	S (IF EITHER NOTIFY MEDICAT EXAMIN	ER) P.M.	19					
DIVISION DING PHY or offend After this e os the bu oith and A norked or	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
LON OF S	220.1 certify that (I) (this has	Hal) ottended the deceased from	Fanuary 11 1986	to February	6. 19_86 , that (I) () lost			
Porto for to of H 21 i	saw the deceased alive a above, (1) (we) (did) (this	January 24 19	86 , and that in (my) (son) opinion	death occurred on the date and h	our and from the causes stated			
TAL OR A by the hose RAL DIREC detoched fore Dept.	27h SIGNATURE	J Babitt		MEDICAL STAFF STORECTOR PHYSICIAN	February 6,1			
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Stote	Henry	I. Babitt		Jorth Charles	St. Balton			
F5, 2/	23e. BURIAL, CREMATION, REMOVA (SPECIFY)		NAME OF CEMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY STATE			
BP	BURIAL		HAAREI ZION CONG.	ROSEDALE	BALTO. STATE MD			
DHMH - 16 50M 4/83 (VRA 15, 4)		LEVINSON & BROS.		1 1 1986	STRAR'S SIGNATURE			

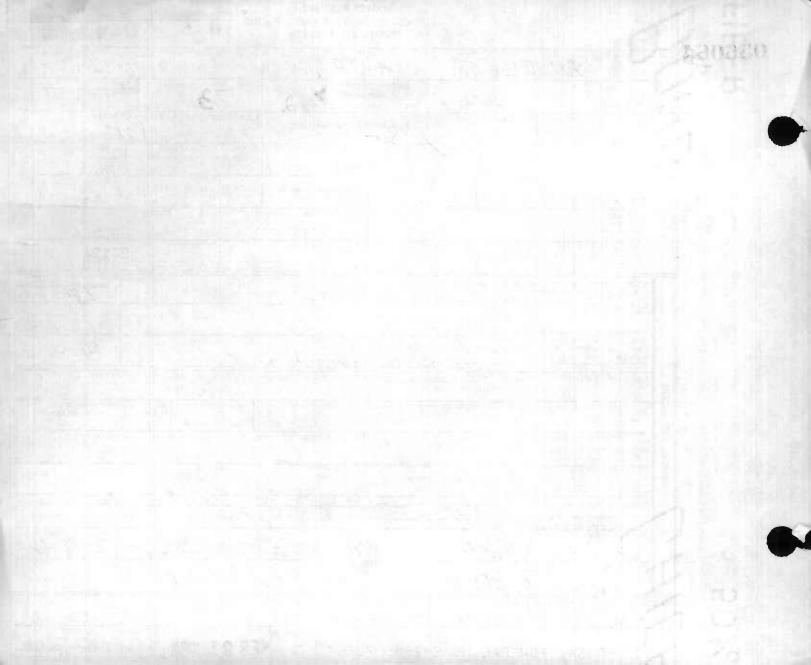
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	22.5		TY OR TOWN	OF DEATH	II. NAME OF HOS	PITAL, NURSIN			TION	12a. USUAL O	CCUPATION (T	YPE OF WORK	TIZE KIND OF B	USINESS
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9	TABASA	FQ F/	THER'S NAME		WIDDLE			15 MOTH	ER'S MAIDEN	INAME	WIDDLE			
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE 056060 REGISTRAR DECEASED NAME FIRST 20 DATE KNOWN 7h HOUR OF ESTI-KUHT MAN GRACE -16-8619 TREME 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. TIE UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED DEAD 67 YRS 8/18/24 2-17-86 19 12:20F Female Cauc PB. BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City IISA WIDOWED 3 DIVORCED Balto. Md. 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) N SEE 4216 Clareway Baltimore BookBinder DiamondPres SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 0 % 13a. STATE 13h COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS PRESTON ST., BALTIMORE, MD. 2120 Balto NO [4216 Clareway Balto. Md Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 21213 MIDDLE MIDDLE IInknown IInknown 166. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) Marie F. Brocato, 4224 Clareway 216-18-6940 NO DIVISIO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic ardiovascular disease DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYC IL, CREMATION, OR REMO Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, 201 PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MER: THIS C...
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STATE OF MARYLAND



George J. Gonce, 4001 Ritchie Hg., Baltimore, Md.

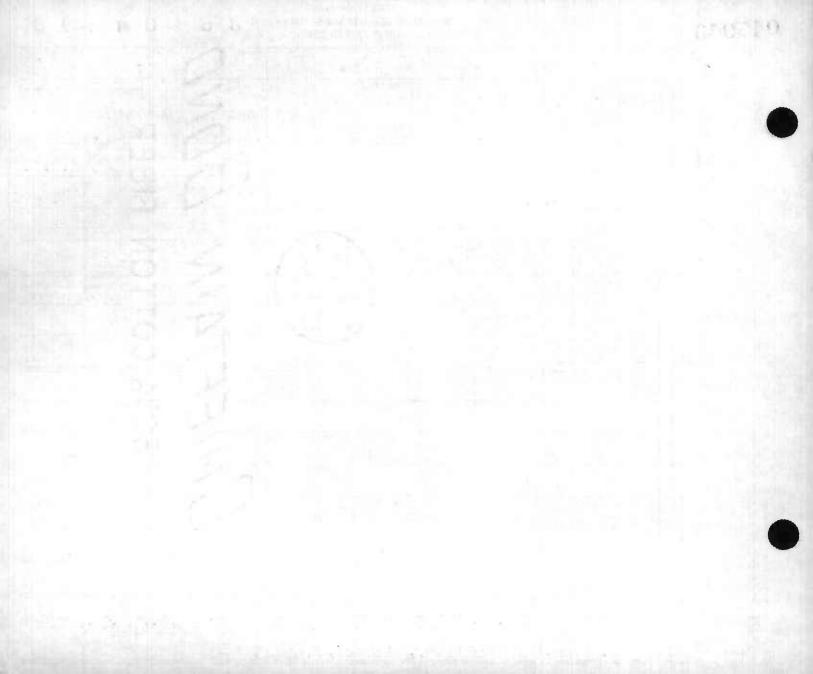
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STATE OF MARYLAND

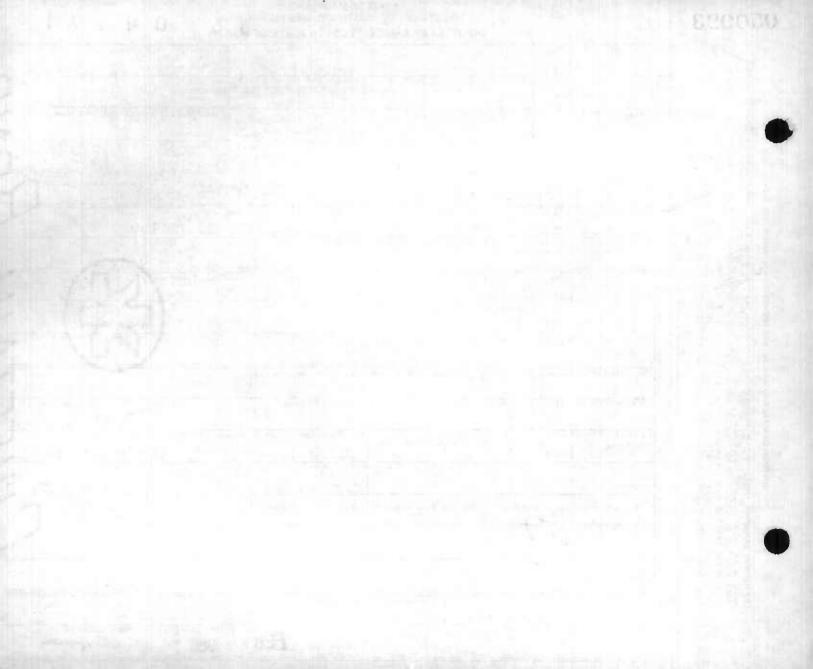
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)



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KEDIO TOTE	MOENE	1	EXAMINER'S	NAME Gre	gory R. Kauff	man. M D	111	Penn St. Balto.M	ND.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REG: NO

CERTIFICATE OF DEATH

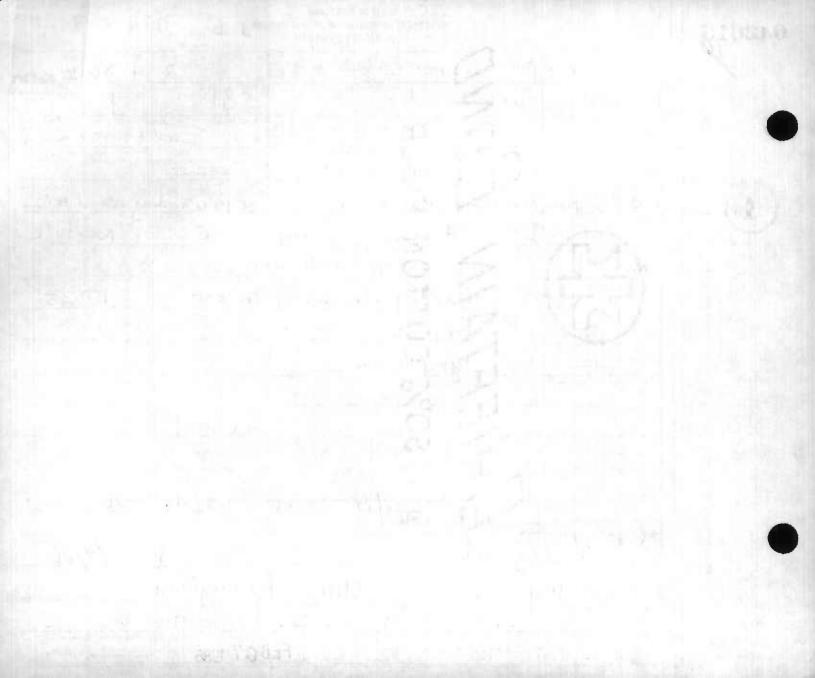
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(VRA 15, 4)



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and shapes		18 CAUSE OF DEATH (Enter on	nly ane cause per line far (a), (b), and (c) BY:	(1,1)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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OR A DIRECTOR OR A POST CORECTOR OF THE POST CORECT		226. SIGNATURE	0	DEGREE		22c. DATE SIGNED
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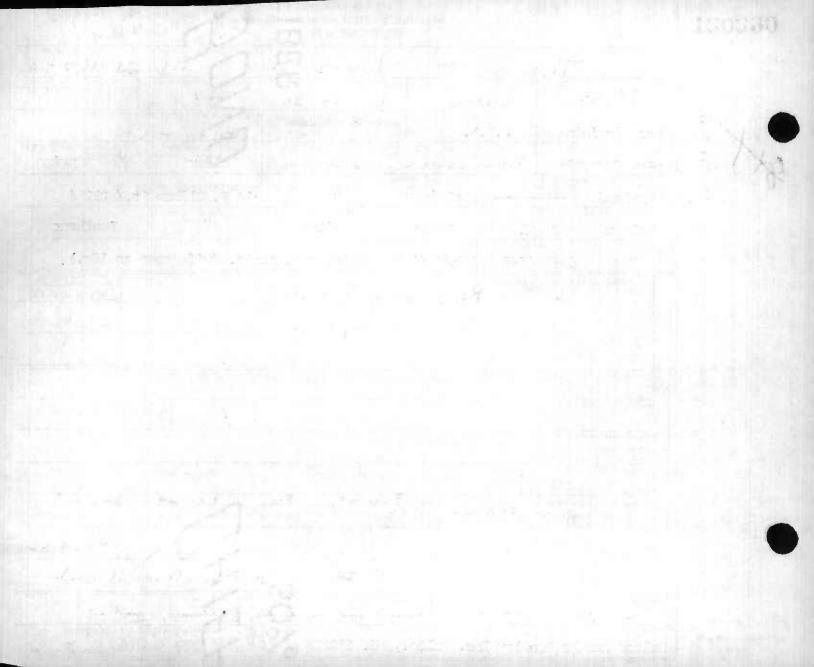
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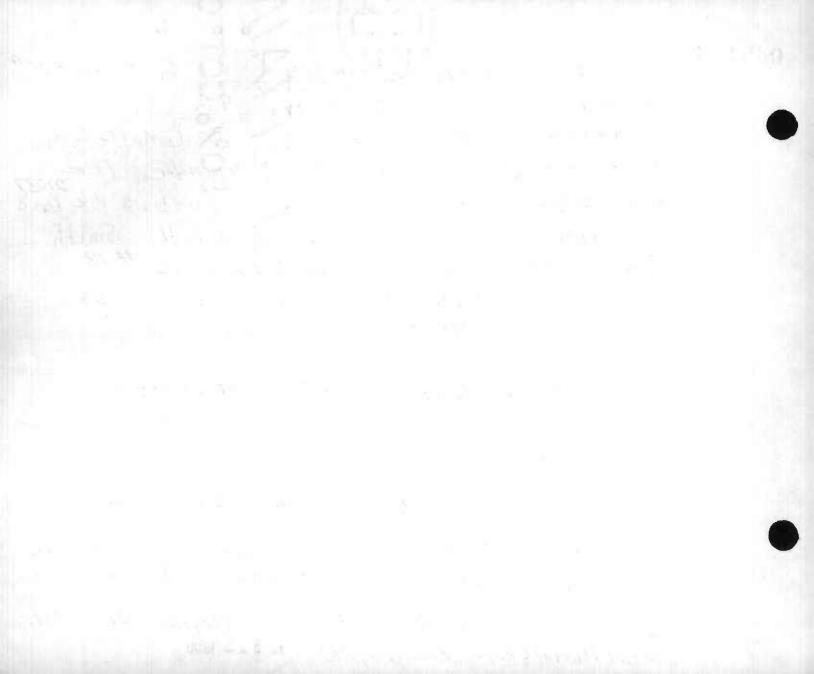
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OR ATTEND he hospital or DIRECTOR: A coched for use Dept, of Heal if Item 21 is m	MEDICAL CER	22b. SIGNATURE	DE DEATH MINER) 210 PLACE OF (AT HOME, STREE) hospital) attended the ve an id not) view the body of	FINJURY T. FACTORY, OFFICE, FA	ARM EIC)	211. LOCATION STREET 2 3 , 19 2 that in (my) (our) op GREE PHYSIC	pinion dei	CITY OR TOW oth occurred on the da MEDICAL STAF DIRECTOR PHYSIC	te and hour o	COUNTY STATE COUNTY STATE Those (I) (we) lost and from the couses stated 22c DATE SIGNED TODAL A S C
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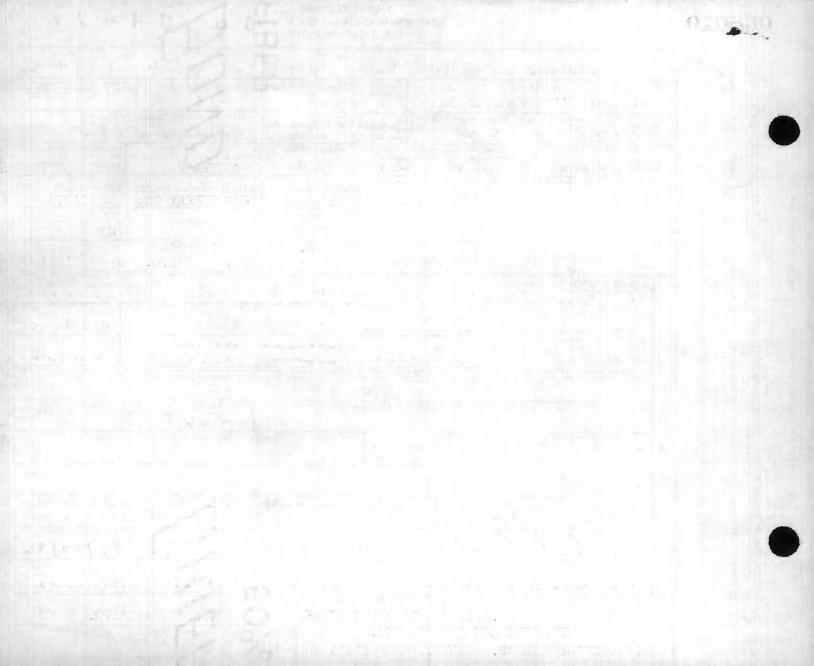




STATE OF MARYLAND Film G614 item 18-22a DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF SEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN XX MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Victor Larv 19 86 4 RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR MONTH LAST BIRTHDAY PRONOUNCED 10:10 Negro M 19 86 DEAD TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | WIDOWED [DIVORCED Baltimore City THE FU AGE 5 FILED, V 10. CITY OR TOWN OF DEATH NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Johns Hopkins Hospital - DOA OULD BE 13a STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 14 FATHER'S NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES DIVISION 98-8014 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Ethanolism and Cocaine Ingestion DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION USED / 19a. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, YES X NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN STATE TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, "PAGE 4 SHOULD BE FORW TO FUNRAL DIRECTOR: PY AFTER DEATH, WITH THE STAND TO BE ALTIMORE MARYIAND 2 Autopsy XX 22a I certify that I took charge of the remained excubed above, held an Inspection Inquiry ond in my opinion Natural caud Hamicide Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 2-19-86 EXAMINER'S NAME F. Smyth, M.D. Dennis 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23c. NAME OF CEMETERY 23d. LOCATION 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

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and the place of t		PART 2 OTHER SIGNIFICANT O	107	DEATH BUT NOT RELATED TO THE TER		VEN IN PART I IO
of the se	NO.					
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ding physicion. s certificate has burial-transit pe Mental Hygiene or Hem 18 shows	GE	21a. ACCIDENT WAS UNDERLYING		AY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)
certification of the second	¥	OR CONTRIBUTING CAUSE OF DEA	CITY CONTRACTOR OF THE CONTRAC	19		
A C E . W	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
free the osthe orked o	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	CIII ON TOTAL	JAN
Se o Se o Branch		22a.1 certify that (1) (this hospi	tal) attended the deceased from_		6 to 2/28	19_86, that (h (we) lost
pitol TTEN TOR for u of Hi		sow the deceased plive on	2 / 28 19_	86, and that in (my) (our) opinion	n death occurred on the date and ho	ur and from the causes stated
OR AT DIRECT Sched for Dept. of f hem 2		22h. SIGNATURY	DA1	DEGREE		221 DATE SIGNED
		Kulul	4. 11am	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/28/86
- 0 111 0 0 2 .	1	224 PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS		
etoined by to FUNERAL should be determined by the Store with the Store		Richmond	d P. Allan	Sinai Ho	spihal of Bo	allimore
5 5 6 8 × 8	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	236 LOCATION	
BP		ISPECIFY) BURIAL	MAR. 2, 1986 T	IFERETH ISRAEL	ROSEDALE	BÁLTO. MD
HMH - 16 50M 4/83			LEVINSON & BROS.		ATE REC'D. BY REGISTRAR 250 REGIS	TRAR'S SIGNATURE
(VRA 15. 4)		6010 REISTERSTO	WN RD. BALTO.	MD 21215	AR 5 1985 1944	



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Been Consultable and Cultural Authority Consultation and
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	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	41 9 9
	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1 DE	CEASED NAME FIRST		ONTH DAY YEAR 26 HOL
(TYP	E OR PRINT)	DEATH MATER	2 100 06
3 SE)	Herb	S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE MC	2 169 86
	62 0	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	2 16 ₁₉ 86 4:2
7- 0	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY? 8 DEAD	
FC	REIGN COUNTRY)	MARRIED NEVER MARRIED	
_	acre mo	WIDOWED 2 DIVORCED LI BATLIN	more City M
10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING LIFE)	OR INDUSTRY
	Baltimore	Bon Secour Hospital	
	TATE DISCOUR	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 138. STREET ADDRESS: A ~ 6	TIMES
	I Sa COO	Spotimon & YES NO 1017	
14. F	ATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE	21223
) .	JONN LAS	TER SUPLIE MOTTHEW.	\$
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	(IF YES, GIV	EWAR OR DATES) 120-18. 2012 Sainaby l. Canron	
=		331	APPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly one cause per line far (a), (b), and (c).) ED BY: Cincologia of livrors	BETWEEN ONSET AND DEATH
	IMMEDIA	ATE CAUSE (a) Cirrhosis of liver	
	C. Paless R and Abbi	DUE TO, OR AS A CONSEQUENCE OF	
	Canditions, if any, which		
	lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	lying coose loss.	(c)	
MEDICAL CERTIFICATION	PARI 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
ON NO			
73	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
Ē			YES X NO
CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	1 OR PART 2)
1 ×	UNDERLYING OR CONTRIBUTING CAUSE OF		
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f LOCATION	
A	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
18	AT WORK - AT WORK		
	22x I certify that Japak cha	rgs at the remains process above, held on Autopsy X . Inspection \Box . Inquiry \Box , and in	my apinian
	death resulted lybry? Not	ural covers Undetermined manner	
	1/1/2.	TITLE (SPECIFY)	
	ACTUAL SIGNATURE	M.D. Assistant MEDICAL EXAMINER	DATE 2/16/86
7	CONTRACTOR OF THE CONTRACTOR O		
10	EXAMINER'S NAME (TYPE OR PRINT)	Dennis F. Smyth, M.D. ADDRESS 111 Penn St. Balto	o.MD.
23a F	SURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OF CREMATORY 238 LOCATION	0
	Sugar, a c	1/20/84 MY VETERIAL S CHORLOWN	Equipar M STATE
24 F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b. REGISTR.	AR'S SIGNATURE
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executed within 24 ha	and campletely filling	adico lexomine cm
the death certificate be	the attending physician remaye carbon papers. Pematian, or remayal	er troumatic event, In m
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fill it in the should be detached for use as the burial-transit permit. Then please remove carbonappers. Page 11 and 2 show with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If them 21 is marked or them 18 spaws any injury, ar other traumatic event, the medical examinerm
TO HOSPITAL OR ATTENDING PHYSICIAN: The lettorned by the hospital or offending physicion.	TOR. After this certification for use as the burial-tro of Health and Mental H	21 is morked or Hem 18
TO HOSPITAL OR A	Should be detached with the State Dept.	IMPORTANT. If hem

STATE OF MARYLAND 450 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CENTIFICA	IL OI DI	LAIII	R	EG. NO.			
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A	3 SEX	(4 RACE		5. DATE OF BIR			AGE IN YEARS	LAST BIRTHDAY}	IF UND	DER I YEAR	IF UNDER 24 HRS
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1 11/2		nnsylvania		U.S.A.		WIDOWED		ORCED	Baltim	ore Ci	ty		MD.
12/2/	3	TY OR TOWN OF DEA	314	(IF NOT IN SUC	HOSPITAL, NURSING	ADDRESS)			12a USUAL OCC	MOST OF WORK		b. KIND O	F BUSINESS OR
是 连载 图		ltimore	1		SCOTT K		al C	enter	Housew	ife			
	13a S	AL RESIDENCE OF NURS STATE ryland	ME COUN	imore	13c. CITY OR TOWN Dundalk	N 113d		TY LIMITS?	1740 L				21222
tely 2 sh	TA FA	THER'S NAME		MIDDLE	LAST	15 A		MAIDEN NAM					
p dp	Rus	ssell		H.	Bartram		Emma	IRS1	M	DOLE	G	row	
S S S		VAS DECEASED EVER			166 SOCIAL SECUI	RITY NO. 17 I	NFORMAN	VT.		ADDRESS			
Pogo	No	res, no or unknown]	(IF YES GIV	E WAR OR DATES)	212-28-4	963 Da	vid	L. Lau	9	_ S	ame a		
ote Sicio		18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for 101, (b), and	dien		0	MALL Y			BETWEEN	MATE INTERVAL
a phy on po emo even		PART I. DEATH W		E CAUSE (o)	Myoro	ndeul	m	and	imi			me	miter
ding or r				DUE TO, OF	RAS A CONSEQUE	NCE OF	(,				V	
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the the emo		gove rise to imn couse (o), statin		DUE TO, OF	RAS_A CONSEQUE	NCE OF							
that by sase of, cr		underlying cause	lost	(c)_	Anton	selevel	- C	endeov	usula	- Line	ans	Y	5
an ple n ple burne ny, o		PART 2 OTHER SIGN	IFICANT O	ONDITIONS CO	NTRIBUTING TO D	EATH BUT NOT	RELATED	TO THE TERMIN	NAL DISEASE OF	CONDITION	GIVEN IN	PART 1:c	, .
The rr to injuri	NO	THE REAL PROPERTY.	5 P	Sums	1 parate	ty will	Eden	more					
ow on bear	CAT	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATION WA	AS PERFOR	MED	20a AUTOPS	? 20b.	FYES, WER	E FINDIN	GS USED OF DEATH?
cion.	CERTIFI	2/85		Par	allywid	adem	mz	THE	YES NO	56	YES [CAUSES	NO [
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TTEN pital TOR for u		sow the decease above, (1) (we) (c	d olive on	The hady	otter death	ond the	t in (my) di	our opinion di	eath occurred or	the date and	hour and	from the	couses stoted
hos hos hed hed ept.		22b. SIGNATURE	Tale no	2	A	DEGR	EE	4			1	22c DATE	SIGNED
the the Date Date Date Date Date Date Date Dat		1964	217	WE	willen or	0	AT Pr	TENDING HYSICIAN	MEDICAL DIRECTOR 1	STAFF	7 "	2/29	1186
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BP	. (specify)							CITY OR TO	NWC	COU		STATE
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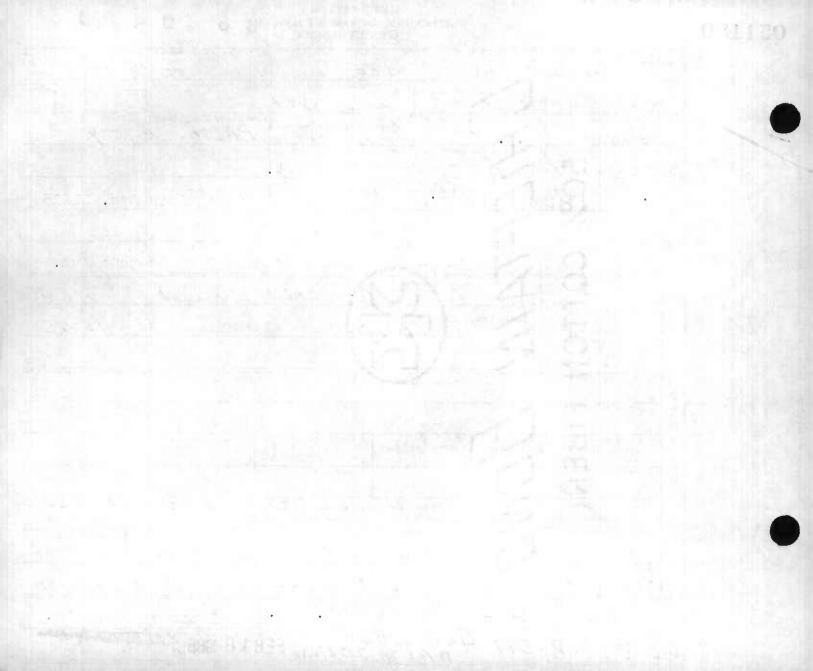
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55017	FOR STATE REGISTRAR		DEPAR	STATE OF MAR TMENT OF HEALTH AI CERTIFICATE C	ND MENTAL HY	REG. N	0 4	5 0	
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2 2	MALL.	4 RACE	ELACK BLACK	5. DATE OF BIRTH		6 AGE IN YEARS LAST BI		O. IDEN J. LEPIK	HOURS MI
To plant of the pl	BIRTHPLACE (STATE (COUNTRY) Va.		SA	Y? ■. MARRIED ☑ NEV WIDOWED	ER MARRIED	P. BALTIMORE CITY OF		FDEATH	
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SA A	30. STATE Md	136 COUNTY	13c CITY OR TO	nore YES 🐼	DE CITY LIMITS?		ZIP CODE	North	ZIZ
ond 2 s	TSAM	MIDDIE	LAW	ENCE IS MOTH	ER'S MAIDEN NA	WIDDLE		LAST	
hysicion and go bapers. Pages 1 oval. nt, the medical	MAS DECEASED EV	ER IN U.S. ARMED FORCE		CURITY NO. 17. INFO	rmant /	Laurence	2538	Lounda	North
been signed by the attendin mit. Then please remove carb prior ta buriol, cremation, or any injury, or other troumatic	Z O	mmediate ting the use last. GNIFICANT CONDITIO	NS CONTRIBUTING TO	DUENCE OF PHOCYTIC LEUKEMU O DEATH BUT NOT RELA	TED TO THE TERM	IN AL DISEASE OR CON	20b. IF YES, V	VERE FINDING	
ician.	19a DATE OF OPER	INDEDIVING TO THE T	IME OF INJURY	121, 401	W INTERPOSECIO	YES NO	IN CERTIFYIN	NG CAUSES O □	
E/ /	OR CONTRIBUTING [IF EITHER, NOTHY M 21d. INJURY OCCU	CAUSE OF DEATH HOL	P.M. LACE OF INJURY	DAY YEAR 19		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
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4 7 7 7	Etum L BA	LLO, M.O. NAME (TYPE OR PRINT)		DEGREE		MEDICAL STA	FF CIAN &	224. DATE SI	
TO FUNERAL Is should be deto with the Store IMPORTANT; if		BALLAS, M.O.		SINA	HOSPITAL OF	BALTIMORE			
BP	30. BURIAL, CREMATION BUELLE BUELLE	in REMOVAL 236. DA	TE 21-86 23	Baltimore	Censter	23d LOCATION Ba Hu	nore	OUNTY	mig
NH - 16 50M 4/83 (VRA 15, 4)	William	C. March	F. H. W	est 4300 Wh	faith F	EB20 1986	256 REGISTRA		ande

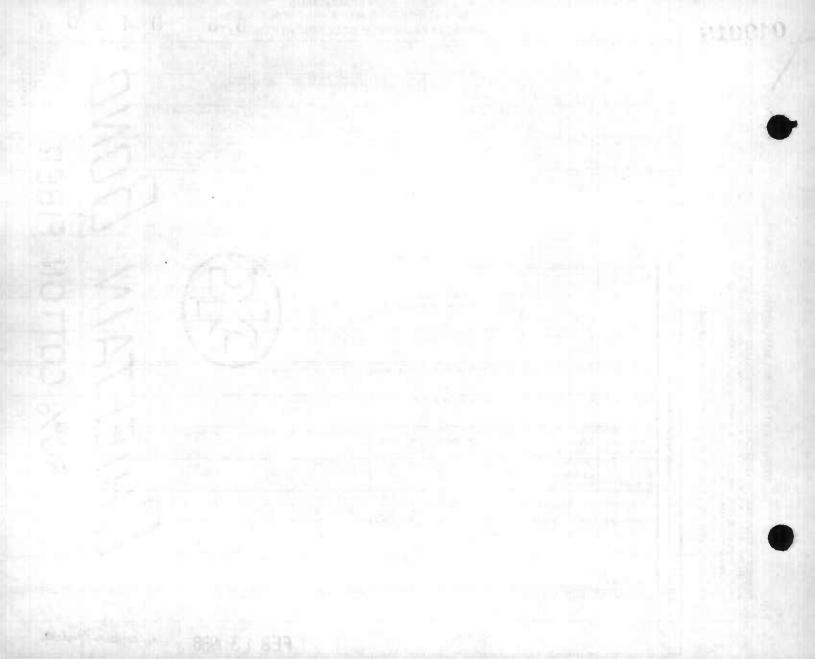


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U	16000		REGISTRAR EASED NAME	EIDC		MI	EDICA	LEXAM	NER'S	CERTIFIC	CATEO		REG. N				3
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ULD BE EXECUTED WITHIN "PENDING" IN PENCIL IN F. MEDICAL EXAMINER V F. ED AS A BURIAL - TRANSI HEALTH AND MENTAL H AL, CREMATION, OR REM		TAKE & OTHER SIG	WINTERNIT CONGIL	CONTRI	BUTING TO GENT	- BUI NUI I	ETAIED ID IUE IS	KWINAL DISEASI	E OK COMBILION	N GIVEN IN PAR	(T 1 (a).					
L REC	PED A	CERTIFICATION	19a. DATE OF	OPERATION		19b. COND	ITION FO	OR WHICH OP	ERATION W	AS PERFOR	MED?				20 AL	UTOPSY?	
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DIVIS	S CER	MEC	WHILE AT WORK				CTORY, FAR	RY (AT HOME, M, ETC.)		CATION		CITY OR	NWOI	COI	Y1MU		STATE
	ER: THIS CERTIFICATE ATE, WRITING THE V ORWARDED TO THE DR: PAGE 3 SHOULD HE STATE DEPARTMED UD, 21201 PRIOR TO									100							
	L EXAMINER: E CERTIFICATE DULD BE FORN L DIRECTOR: H, WITH THE S MARYLAND,					1811	replace of	have held on		sy XX,	Inspection			nd in my ap	noinion		
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	NER STANDER		EXAMINER'S N	IAAAE -				70 46								7 2 0 7	
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND		(TYPE OR PRIN	T) GI				man, M				enn St.		.MD			
		(SF	RIAL, CREMAT	ION, REMOVA	100			C. NAME OF C		RCREMATO	ORY	ARBUT		COUR	I & M ^{VII}	RYLIA	ND
07/84 25M	BP		URIAL INERAL DIRECT	OR	12-	-28-86	0	ARBU	TUS		25a. DATE R	EC'D. BY REGISTI	RAR 125h REG	ISTRAR'S S	IGNATU	IRF	17.47)
	DHMH - 17 (VR A15 ME (5))	W	M.C.MA	RCH F	/H]	INC.	1101	E.NO	RTH A	VE.	FEB	27 1986	June D	andon	-Han	الغالم	

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O an E as C			REGISTRAR		CERTIFICATE OF DEATH	REG. NO).
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noy be					Lec	6. AGE (IN YEARS LAST BIRT	JOIN
fre- fre-	10	3. SE>		4 RACE	5 DATE OF BIRTH MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
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2 53	a		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	B	9 BALTIMORE CITY OF	R COUNTY OF DEATH
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-	30		irginia	U.S.A	WIDOWED DIVORCED	DALIO	. C//
XX JANN	0	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
· 医温温温度		134	LTO. CITY	Keswick Nurs			
8 45 9	and -	USUA	I RESIDENCE HENURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		
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in 2 how	Mind				YES NO		lota Ave. 21215
orth 2 s		14 FA	THER'S NAME	MIDDLE	15 MOTHER'S MAIDEN	NAME	LAST
ond ond		J	ames	Lee	Ginnie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lee
500		_	AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRE	SS
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s. Pe			yes	229-30-	TOOG DOLOCHY S	anders 3000	
			18 CAUSE OF DEATH (Enter on	ly ane cause per line far (o), (b), an	dic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rficate physici npopel moval.	,		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	CVD-CARD	PIAC FAILY	RE 2 DAYS
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oth cond			AND DESCRIPTION OF THE PARTY OF	DUE TO, OR AS A CONSEQUE	NCE OF A LO		10 VDC
deoth ottend nove co ation, o	5		Conditions, if ony, which	(b)	ASCVO	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	10/23
the rem			gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
by by	5		underlying cause last	(-)			
pled pled			PART 2 OTHER SIGNIFIC ANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	EDMINIAL DISEASE OF CONF	OITIONI CIVEN IN PART 1:=
signi signi ta bu	, d	Z	TAKE TO THE STORY TO A THE	CONTRIBUTION CONTRIBUTION	DEATH DOT NOT KEEPED TO THE TE	ERMINAL DISEASE OR CONE	ALCIA CITETA INT ART ING
0 1		110					Town was a work of
ow of separate	60	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ha ha	3 /	TIE				YES NO	YES NO
PHYSICIAN: The ending physicion this certificate has the burial-transit part of the burial-transit part of the the burial-transit part of the	0	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
Physical Physics	4		OR CONTRIBUTING CAUSE OF DEA				
lySk ding s cer s cer		OIC.	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
this this and w		MEDICAL		LAT HOME STREET, FACTORY, OFFICE, F		CITY OR TO	NN COUNTY STATE
Part of the state	N C		AT WORK AT WORK				Marie Control of Control of Control
Die A	Ē		220.1 certify that proteins hospi	tal) attended the deceased fram_	10-12,19	84 10 2-1	5 , 19 86 , that 11 (we) lost
ATTEND ospitol o		0.73	saw the deceased alive an		ond that in (my) (our) opini	on death occurred on the do	ste and haur and from the causes stated
R ATTEN hospitol RECTOR ned far u	E		27h SiGNATURE	usew the body ofter death.	DEGREE		22c. DATE SIGNED
OR DIR			111	11-1	ATTENDING	G MEDICAL STAF	
Y THE SAL det			John P.1	Tashmen, 17	PHYSICIAN		IAN 2 2-15-86
TO HOSPITAL retoined by t TO FUNERAL should be det with the State tage of the state	3	11.7	274 INTERIOR S NAME (TYPE O	R PRINT)	22e ADDRESS		41
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TO HOSPII retoined by TO FUNES should be with the St	ξ	230 0	URIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OF CREMATOR		
	1744	23a. b	SPECIBURIAL BURIAL	2-18-86 Ma	rylad Nat. Ce		nore COUNTY Md Md TATE
BP				12 10 00 110			
DHMH - 16 60M 2	/84	24 FL	INERAL DIRECTOR	1 460R	LIBERTY 250.1	DATE REC'D. BY REGISTRAR	25 HREGIST PARS JIGHAT HONDA
DI 11 - 10 00/41 /	. 04	1	FYRON O. DI	11-TT 4 GOTHERS	1 - 717 14	PPH I O THEN	70.00



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Y HEAST STREET	3 SE	X	I. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA			IF UNDER		DATE	M	ONTH D	DAY YEAR	2d HOUS 8:45
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PELAY IS RETESTAND BY THE FULL BY NO. 70 PER FILED WITHING REDE, 201 WITHING REDESTOR BESTOR BY A RESTOR BY A REST	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NU	RSING HOME	OR OTH	IER INSTITUT	TION	12a. USUA	OCCUPATION OF WORKING LI	ON (TYPE OF	WORK 12b.	OR INDUST	
A PORT A		Baltin	ore	Mercy						UNE	MPLOYE	D		OK II DOST	IX 9
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Sy Thursday	14. F	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDEN	NAME	WIDDIE			LAST	
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N SOPA	16a \	WAS DECEASED	EVER IN U.S. A	RMED FORCES?	16b. SOC	CIAL SECURITY	Y NO.	17. INFORA	TAAN		AD	DDRESS			
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L., BAL URS AF III. PAG , DIVISI		18 CAUSE OF	DEATH (Enter o	only one couse per line	for (a), (b), and (c).)								APPROXIMATI BETWEEN ONSE	FINTERVAL
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N OF THE W	U	21a. EXTERNAL		216. TIME OF HOUR A.M		DAY YEAR	21c. H	OW INJURY	OCCURRED	(ENTERNAT	URE OF INJURY IN	ITEM 18 PART	OR PART 2)	- 15.	
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HIS WAR		AT WORK	AT WORK										De		
DIVISION OF VITAL RELINER: THIS CERTIFICATE SHOULD ICATE, WRITING THE WORD "PER E CRWARDED TO THE CHIEF M TOR: POER 3 HOULD BE USED A THE STATE DEPARTMENT OF HEAD AND, 21201 PRIOR TO BURIAL, C		22a. I certify	that I took cho	rge of the remains desi	cribed obo	eve, held an	Autop	sy X.	Inspection		Inquiry .	and in	my apinio	on	
EXAMINER: CERTIFICATE OULD BE FOR I DIRECTOR: WITH THE S MARYLAND,		deoth resulte	d from: Not	ural couses .	Accident	, Sui	icide	, Homic	ide .	Undetern	nined manner	<u> </u>			
EXAMI CERTIFIC DIRECT WITH WARYL		ACTUAL		1	1			TITLE (SE	PECIFY)						
ZEEZEW.		SIGNATURE_	-	XII	1/	1	N	D. ASS	sistar	1t MEDICA	AL EXAMINER	5	DATE SIGNED_	2/7/8	36
A S S S S S S S S S S S S S S S S S S S		EXAMINER'S N	IAME .		V										
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH WITH THE BALTIMORE, MARYLAIL		(TYPE OR PRIN	T)Gre	egory R. Ka				ADDRESS_	111						
E00149	23a. B	URIAL, CREMAT	ON, REMOVAL			NAME OF CEM				23d LOCA	TION		COUNTY	\$1	ATE
07/84 BP	24.5	BUR I AL	OB	2/13/86	Ga	arrison	For				gs Mil		. 0.10	Md.	
DHMH - 17	100	NAME		ADDRESS					25a. DATE RE			REGISTR	HdAm	-Aande	2
(VR A15 ME (5))		larch Fu	neral H	omes 1101	Last	North	Aven	ue	FEB	131	986			. 1	A



Upperco, Md.

Marzullo Funeral Service

(VRA 15, 4)

riva Davidson-Handales

And the court of the second of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

		REGISTRAR				CERTIF	ICATE OF DEATH	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	REG. NO.	EE	8
		CEASED NAME	FIRST	- 1	AIDDIE	- 1	AST .	26 DATE OF DE		DAY YEAR	2b HOUR
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	3 SEX			4 RACE		5. DATE C		6 AGE IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	
		Female		Wh	ite	Jan.	23, 1909 FAR	7'	7 YRS	MONTHS DAYS	HOURS MIN.
8		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH	
2		Maryland		U.	S.A.	WIDOWE		BALTIMO	RE CITY		MD.
	10. CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OC			OF BUSINESS OR
2		LTIMORE	4		HNS HOPK		OSPITAL	House	ewife		
5	13a. S M	aryland	13b COUN		GIVE RESIDENCE BEFORE 13(. CITY OR TOWN Baltimo	N	13d. INSIDE CITY LIMITS?	5702 V	RESS / ZIP COE		21239
	14 FA	THER'S NAME		MIDDIE	LAST		15 MOTHER'S MAIDEN NA		IDDIE	LA	CT
S		Christop	her	C.	Wanner		Öhma			Waltm	an
		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT		ADDRESS		
	17	NO OR UNKNOWN)	(# FES. GIV	E WAR OR DATES	212-28-8	3571	William J.	Leeb 570	02 Willo	wton Av	e. 21239
		18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for to . (b), one	die				APPRO)	XIMATE INTERVAL
		PART I. DEATH W	AS CAUSE		(cardio	_	rrest				nute
			MANGORA		R AS A CONSEQUE	NGE OF					
		Conditions, if ony,	which	(;b)	Manino	100	1 arrest			16 n	winutes
		gove rise to imm	nediote	DUETO	R AS A CONSEQUE						
	100	underlying couse		(c)	hinaks					wo	nths
		PART 2 OTHER SIGN	IIFICANT C	ONDITIONS CO			NOT RELATED TO THE TER	MINAL DISEASE O	R CONDITION G	IVEN IN PART 1	0
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1	CAT	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS		S, WERE FINDS	
	TE							YES N		ES [NO S
1	GE	216. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH DA	V VEAD	214 HOW INJURY OCCU	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
1	AL.	OR CONTRIBUTING C		113		19					
	MEDICAL	214 INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATION STREET		TY OR TOWN	COUNTY	STATE
	×	WHILE NOT WH	ILE	(AT HOME STR	EET FACTORY OFFICE F	ARM ETC)	SIREET		IT OR TOWN	COOKIT	SIMIS
		220.1 certify that	(this hospi			Janu	24y 23 1946	, toH6	ruaryt	. 19 5h	that II (we lost
		sow the deceose obove, (I) (we) (d	d olive on	Henny	otter depth	b on	d that in (my) (our) pointon	death occurred o	n the date and ha	ur and from the	couses stoted
	8.1	22b. SIGNATURE		0 0	11		DEGREE			22c. DATE	SIGNED
		V	un	K XI	Mohlmy	m	MD ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	121	6186
		22d. PHYSICIAN'S NA	ME Mil	RPRINT	-01	13/	22e ADDRESS	1 2	1) ,1	1 1	11
		LUCY	K	Su	Phunn	m	Johns H	36) CINS	Hoppita	y Ba	uto mozi
		URIAL, CREMATION	REMOVAL	23b DATE	23¢ N	IAME OF C	EMETERY OR CREMATORY	23d LOCATIO		10	10
	(Ruria	7	Fob 10	1006	Domley	road Cometemen	CITY OR T	timore	COUNTY	rvland

DHMH - 16 60M 7/84

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

(VRA 15, 4)

should be detached for use as the burial-transit permit. Then plea: with the State Dept, af Health and Mental Hygiene prior ta burial,

TO FUNERAL DIRECTOR: After this certificate has

morked or Hem 18 shows ony

IMPORTANT If Item 21 is

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc.

Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE FEB 1 1986

Party . ava norwollin Sove dred . w carrie 1788-25-2159

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Langer . Suck, Inc. soltione, larriand

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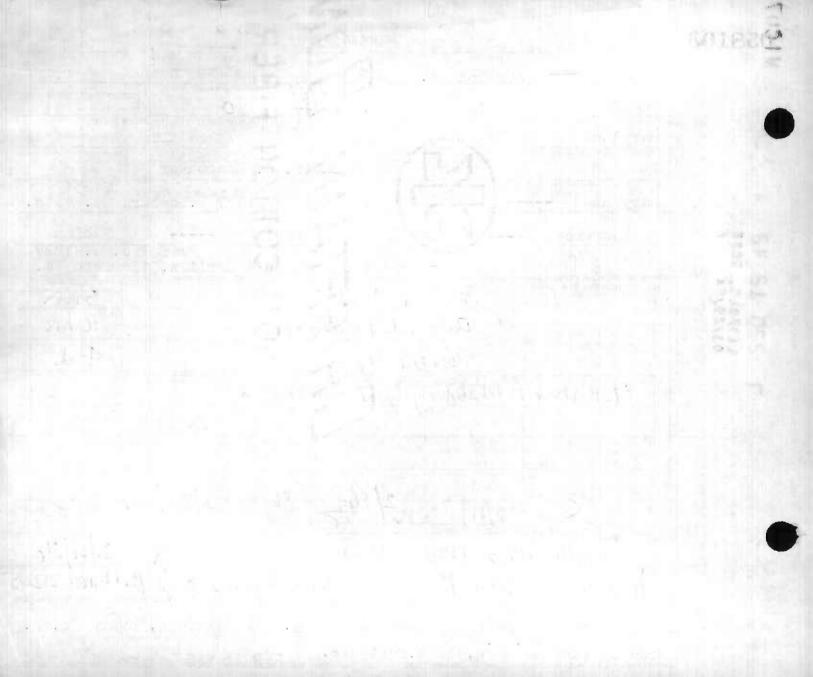
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	FOR
	STATE
-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

..... Marchan Adados

358103	1	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	EALTH AND MENTAL HYG	REG. NO	0 4	5 0	1
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nay be page 3 r death	R	ROSA	Rosani	na M.		POLD	FEBRUARY 2			2:01 M
of p	3. 5		4 RACE		S. DATE C	DAY YGAR	6 AGE IN YEARS LAST BIRT	MONI	MDER 1 YEAR	HOURS MIN.
oge oge	74.	Female BIRTHPLACE (STATE OR FOREIGN	Whit	TE VHAT COUNTRY?	Mar	29,1914	9 BALTIMORE CITY O	YRS.	DEATH	
orth. P	2	Mary land	USA	THAT COUNTRY?		NEVER MARRIED	BALTIMORE		DEATH	
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tely 12 sh	14.	FATHER'S NAME FIRST Lawrence	MIDDLE	Voge	el	15 MOTHER'S MAIDEN NAME ET LE	ME		Fabi	ian
= 2 /	l 6a	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUR	RITY NO.	Sandra Mar		sBalto e,3131	Berg	o Rd.
1.5		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per l ED BY. TE CAUSE (o)	for (a), (b), and		rest				MATEYNTERVAL DNSET AND DEATH
200		Conditions, if ony, which	DUE TO, OR	Profiseous	NCLOF H	ypotenson			10	Ms
20 249	1	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	Posseque	NCE OF SE	ysis			4	7
en signe Then p or ta bur	NO	PART 2 OTHER SIGNIFICANT	ão Rh	abdonize	ilyso	s/ Smoking	NAL DISEASE OR CONE			
The law cian.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH (OP RATIO	N WAS PERFORMED U	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES (
g physic g physic entificat rial-trans ental Hyg tem 18 s	EDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	MIN.	MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
attendir attendir iter this as the bu h and Mo	MEDI	214 INJURY OCCURRED WHILE AT WOOK NOT WHILE	21e PLACE O	OF INJURY ET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION SIREET	CITY OR TO	NN CO	COUNTY	STATE
ATTENDIN aspital or ECTOR: Af d for use of t. of Health		72a I certify that (1 the hosp sow that I we did) aid o	ot of wew the body of	deceased from 10	4	d that in (my) our) opinion of	to 2 2 death occurred on the do	ote and hour on	d from the	hat (1) (We) lost auses stated
AL OR AL DIRE	*	778 SIGNATURE GLEDLING	Dalehas	mo	M	ATTENDING PHYSICIAN	MEDICAL STAF	FACK I	220 DATE S	1/8/e
O HOSPITA etained by TO FUNERA should be de		Redell W	Olyleh	art		To Johns He	pkins to		Utme	ne 21205
₽₽ ₽# \$ <u>\$</u>	230	Burial, cremation, removal (SPECIFY) Burial	2/24/8			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	TT.	YINU	STATE
	24		to.Md.2		dowr	idge Mem.Pa	rk Elkria E REC'D. BY REGISTRAR			Co.Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		ccully Funer	al Home	,130°E.	Fort		D 2 5 4096			



15045	1.	FOR STATE REGISTRAR	DEPARTM	NENT OF HEA	OF MARYLAND LLTH AND MENTAL HYGI ATE OF DEATH	ENE 8 8	0 4	5	8 0	
poge 3		CEASED NAME FIRST OR PRINT) LENA	WIOOLE	LEVE	NESK	20 DATE OF DEATH	2 - 4	- 86	2 A M	
ectar. pag	3. SE		4. RACE WILLIE	5. DATE OF		6. AGE (IN YEARS LAST BIR	THOAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.	
neral dir.		RTHPLACE (STATE OR FOREIGN COUNTRY) RUSCIA	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED	9 BALTIMOR CITY O		PATH	MD.	
by the fur filled within	10. CI	ALTIM & RE	11. NAME OF HOSPITAL, NURSING (IENOT IN SUCH FACILITY, GIVESTREET A		OTHER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORK FOR MOST OF		NOUSTRY AT F	F BUSINESS OR	
ri ping		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	TY 134 CITY OR TOWN	ORE "	3d. INSIDE CITY LIMITS? YES NO 🗆	Koad Apt.	ZIP CODE (160 2	Brookin	
ompleady of the state of the st	14 FA		SAK FINE	1	5. MOTHER'S MAIDEN NAM TOBY	LEAH			JNKNOWN	
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gned by the attending physical in please remave carbon paper burial, cremation, or remaval.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c.) PART I. DEATH WAS CAUSE (b) IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF Output DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								
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affendig spitol ar CTOR: A I far use of Health		sow the deceased alive an	tal) attended the deceased from	00	that in (my) (our) opinion o	to 2	ote and hour and	from the		
by the ha JERAL DIRE State Dept ANT: If Herr		22b. SIGNATURE	lisar	M		MEDICAL STA	FF IAN 🗌	22c. DATE	+-86	
HOSPII bined bi ould be thithe St		22d. PHYSICIAN'S NAME (TYPE'S	PRINT) HTWAR		Baltimore	ndale 2 Maryl	434 Be	213	Here Huc	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

236 DATE

FEB.5,1986

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23c. NAME OF CEMETERY OF CREMATORY MOGAN ABRAHAM

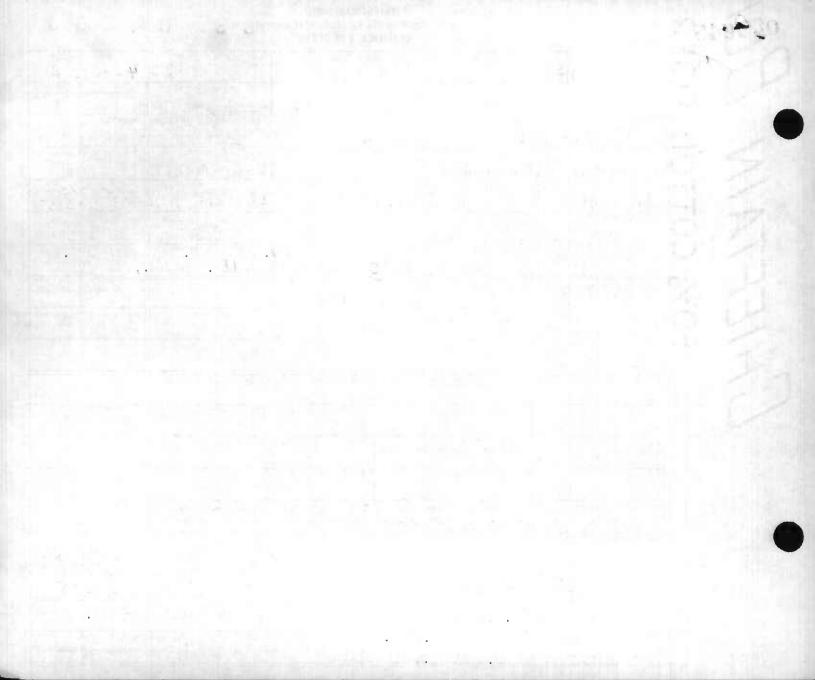
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d LOCATION CIROSEDALE

BALTO.

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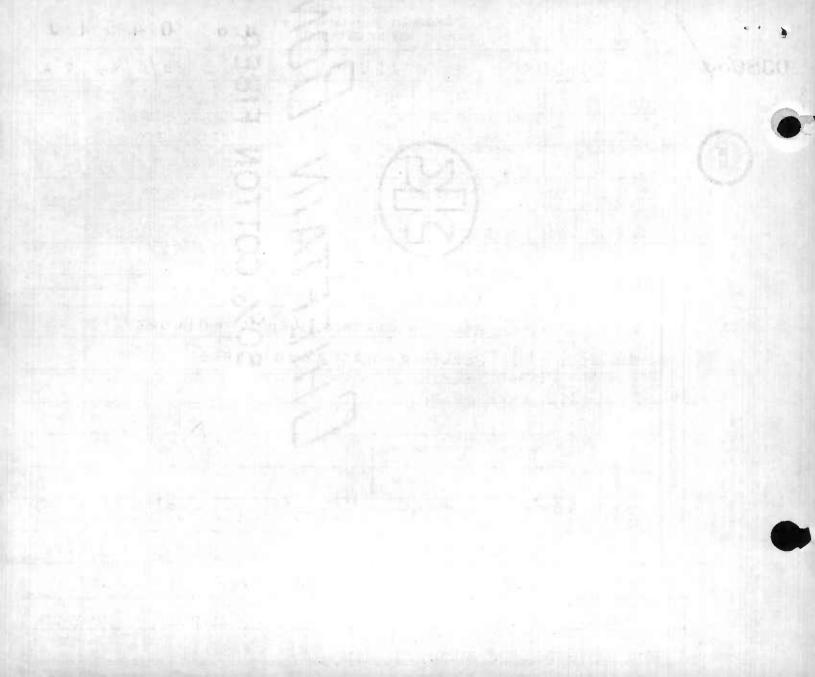
21215 BALTO. MD



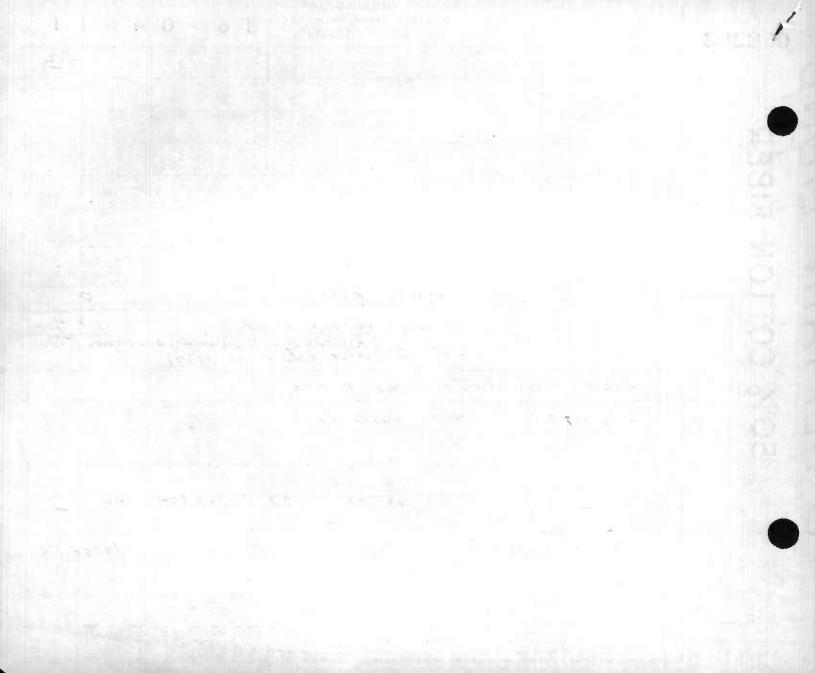
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ARY, PLEASE LI DIRECTOR. YOUR FILES. NOTZ HOURS	1 SE	X	4 RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEAR	RS IF UND		IF UNDER 2			MONTH	DAY YEAR	2d HOUR
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었음만들음		ARYLAN	D	USA			WIDOWE	D O	DIVORCE	Ba]	timore	e City,		MD
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SION OF VITAL RESTRECATE SHOULD GITHE WORD "PER MOULD BE USED A PARTMENT OF HEA	CERTIFICATION	190, DATE OF	POPERATION	196. CONDIT	ION FOR	WHICH OPERA	ATION WA	S PERFORA	MED?				20 AUTOPS	Y?
SE CHIESTON	FE				436							1 2 1	YES 💢	NO 🗌
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STATE OF THE STATE		death result	ted fram: Not	ural causes XX	Acident	L, Suic	cide	Hamici		Undetermined i	nanner 🔲,			
W. W		ACTUAL	Men	113/1X	fres.	1/1/1	21	TITLE (SP	ecify) stant			DATE	2-3-8	06
SHITHE SEATHER	7	SIGNATURE		CO-GO	7	0/100	M.D	A551	Stairt	_MEDICAL EXA	MINER	SIGNED.	2-3-0	30
TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNRAL DIRECTOR. BATTEN DEATH, WITH THE BATTMORE, MARYLAND	4	EXAMINER'S (TYPE OR PRI	NT)	nnis F. Sm		M.D.		DOKESS		nn St.,	Balto.	., Md.	2120	1
	23e B	URIAL, CREMA	AL AL	^{23b} DATE FEB. 5,198	6 23c. h	NAI JA	COB	CREMATO	RY	PALTYM	DRE	COUNTY	MARYL	AND
07/84 BP				EVINSON &				12	DATERE	C'D :87 CEGISTE	AR MARES	EXTRANS SIG	NA THE ARE	
DHMH - 17 (VR A15 ME (5))		NAME		ADDRESS			01.01.5		FEB	1 1 1986	Julian	HATRATI'S SIG	Spison	102
(3)	TOT	THE KETS	STERS TOWN	V RD. BAL	10	MD	21215			•	-			

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	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGI ICATE OF DEATH	1EN 8 6 REG. NO. 9	5 0				
38055		CEASED NAME FIRST TS I DC	ORE E.		VIN	20 DATE OF DEATH MONTH DAY	186 8 A. M				
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ge 4		MALE	WHITE	JUN	NE 24, 1903	82 YRS	NIHS DAYS HOURS MIN.				
1 12 01	7s. B	RTHPLACE IS ATEORFOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH				
deco	-	RUSSIA	USA 11. NAME OF HOSPITAL, NURS	WIDOWE		BALTIMORE CITY	MD. 126 KIND OF BUSINESS OR				
of the state of th	1	BALTIMORE	N. CHARLES C	EEN. HO	Street of the street	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ATTORNEY AT LAW					
24 ho	13a		TO. BALTIMO	WN	YES NO X	13. STREET ADDRESS / ZIP CODE 7938 STEVENSON R	D. #21208				
ond 2 s)	SAMUEL	LEVIN LAST		15 MOTHER'S MAIDEN NAM FIRST ROSE	MIDDLE	ERFARB				
n and co		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES!	-8359	200.100.000	NAOMI ALEVIN ON RD. BALTO., MD	21208				
ior the death certificate by the attending physicions see remove carbon papers. I cremotion, or removal other troumatic event, the	CAL CERTIFICATION		Ny one cause per line for (a), (b), on DBY. E CAUSE (o).	ESTI V	VE HEART	FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		Canditions, if any, which gave rise to immediate cause (a. stating the underlying cause last.	ISEASÉ								
n signed Then ple to buric injury, or		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 a									
he low r		190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?				
ig physici g physici certificate riol-tronsi entol Hyg frem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2}				
offending of the control of the cont	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
TTENDIN prial or 1 TOR. Aft for use or of Health		27a 1 certify that (1) (thus hospital) attended the deceased from 19 86, to 19 86, that (1) (fee) last saw the deceased alive on 19 86 and that in [my (aur) gainion death accurred an the date and haur and Iram the causes stated above, (1) (we) (did) (did not) view the body after beath.									
ral OR A y the ho y the ho lost a los			mulit, m. 1		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2 (86						
O HOSPII		A. C. CHO		· D.	NORTH C	HARLES GEN.	HOSP.				
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		NAME OF C	EMETERY OR CREMATORY	BALTIMORE	MARYLAND				
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	7.100.00	LEVINSON & BROS		21215 PEB	REC'D. BY REGISTRAR 236. REGISTRA	R'S SIGNATURE				



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH 52292 REGISTRAR REG. NO 20 DATE OF DEATH 302P. I. DECEASED NAME ATYPE OR PRINT! FEBRUARY 13, 1986 ROSLYN LEVINSON 4 RACE S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3 SEX E UNDER 21 MRS OCTOBER 23. 1925 CAUCASIAN FEMALE 60 76. BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. DIVORCED XX BALTIMORE CITY WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND THIEDREN'S 3333 CLARKS LANE, APT. F (21215) RECEPTIONIST BALTIMORE GUILD, INC. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 3333 CLARKS LANE, APT. F (21215) 136 COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? BALTIMORE MARYLAND YESXX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LONDON SYLVIA HOLSTEIN ALBERT In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT SEABROOK, MD 20706 (YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST MR. DARRYL LEVINSON 6806 WOODSTREAM DR. 219-10-6758 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic. PART I. DEATH WAS CAUSED BY CARDIAC ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CORONARY ARTORY Canditions, if ony, which gave rise to immediate and mital valve up a comer L. Ventrecular queryon cause (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 BLEAST WITH METHSTASES TO SPINE CATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED! 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? cancer & Break (Re June 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY FINTER NATURE OF INJURY IN ITEM 18 PART L OR PART 21 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY AT HOME, STREET FACTORY OFFICE FARM, ETC I STATE NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from 25 Jany sow the deceased alive on 31 764 abave, (1) (we) (did) (did not) view the bady after death . 19. 66., and that in (my) (our) opinion death occurred on the date and hour and from the couses stated DEGREE 276 SIGNATURE 22c DATE SIGNED ATTENDING 14 FEB 86 PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22e ADDRESS 611 PARK AVE. DR. ABRAHAM GENECIN 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION BALTIMORE COUMARYLANDIATE CHIZUK AMUNO CEM BURTAL 2/16/86 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR TO REGISTRAR'S SIGNATURE SOL LEVINSON & BROS., INC. DHMH - 16 60M 7/B4 (VRA 15, 4) 6010 REISTERSTOWN RD BALTIMORE MARYLAND 21215



250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

wie wendoon-Handales

DHMH - 16 50M 4/83 (VRA 15, 4) 24. FUNERAL DIRECTOR

Duda-Ruck Inc 7922 Wise Ave Balto., Md. 21222

DIVISION OF VITAL RECORDS.

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					STATE OF MARTLAND		
04415	53	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	L HYGIEN 6	04513
	~	I. DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
be 3	9 5 7	(TYPE	JOE	b	LEWIS	2-6-	86 5:26 AM
poog de		3 SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIS	- 7 1/1
ge 4 n ector. rs ofte			M	B	MONTH DAY YEAR	2 44	MONTHS DAYS HOURS MIN.
2 40	15		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY C	OR COUNTY OF DEATH
depth depth of 77,34	20		KENTUCKY	U.S.A.	MARRIED NEVER MARRIED	BALTI	MORE CITY MD.
1 1	1	-	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) MARYLAND HOS	TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY
6 6	13	USU	AL RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFOR			
3	1		ARYLAND BAC		ORE YES NO [1414 644	TIP CODE STREET 21230
tel 2 s	54	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDE		
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or execu	medico		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) 1 IF YES, GIV	MED FORCES? 166 SOCIAL SECULAR OR DATES) 186-46		ena Still je	
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hat the by the	l, cremo		couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	ence of '	scular diseas	e
ned ple	7.0	- 4	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO			
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w re	ony i	ATI	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED
he lo	ows o	CERTIFICATION	-			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
ysici y	Hygi Hs sh	ER .	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY O	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T OR PART 2)
ph ph	em]	CAL	OR CONTRIBUTING CAUSE OF DEA				
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offence offence ter this	rked o	MEDI	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE,		CITY OR TO	OWN COUNTY STATE
A A	e o i		220.1 certify that (1) (this hospi	tal) ottended the deceased from	FRD: 5 ,19	86 to Feb.	6 , 19 86 , that (I) (we) last
TTEN Portel for c	21 ::		saw the deceased alive an	T view the body after death.	86, and that in (my) (aur) op	oinian death accurred an the d	ate and haur and fram the causes stated
R A hos	ept fem		22b. SIGNATURE	To view the body differ death.	DEGREE		22c. DATE SIGNED
At O the	State De		B. Que	times 40	ATTENDI PHYSICI	MEDICAL STA	
HOSPITAL ned by t FUNERAL	TAN		220 PHYSICIAN'S NAME (TYPE O		22e ADDRESS		
TO HO etoine TO FU should	MPORTAN			TIMUNO			22 S. GREENE ST.
F 2 F W		23a E	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMAT	ORY 23d. LOCATION	COUNTY MATE
BP	-	3	Signials	2-10-86 M	H RUDURN		1045, 40 21230
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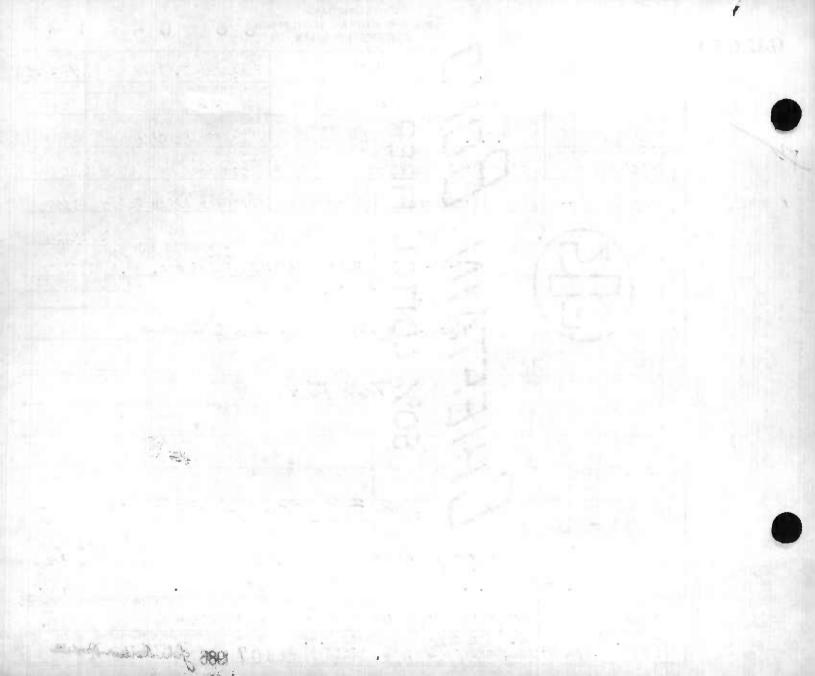
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REGISTRAR				CERTIF	ICATE OF DEATH	O,	REG. NO	o	7 7	
DECEASED NAME	1 1 12 12		MIDDLE	L	AST	20. DATE O	FDEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	OLIVE	E	3.	1	ILLY	Febru	iary 7	, 198	6	1:30 PM
3. SEX		RACE		5. DATE C		6 AGE (IN)	EARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female		White			st 26, 1895	90)	YRS	JAN S	MIN.
BIRTHPLACE (S	TATE OR FOREIGN	b CITIZEN OF	WHAT COUNTRY?	8	7	9 BALTIMO	RE CITY O	R COUNTY	OF DEATH	
Marylan	nd	u.s	.A.	MARRIE	V	Bal	timor	e Cit	u	MD
O CITY OR TOWN	OF DEATH			IG HOME C	OR OTHER INSTITUTION	12a USUAL	OCCUPATION	NC	126. KIND (OF BUSINESS OR
Baltimo	re	704 G	Len Allen	Driv	e	House	wife	F WORKING LIF	Own 1	
UAL RESIDENCE	(IF NURSING HOME OR C		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET	ADDRESS	ZIP CODE		
Marylan			Baltimor		YES X NO	704 G				21229
4 FATHER'S NAME		NDDLE	LAST		15. MOTHER'S MAIDEN NA		MIDDLE		3	61
John	ı W.		Burns		Katie	DÉ-RO.	MODIE		And	derson
60 WAS DECEASED	DEVER IN U.S ARA	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	1	05ADW8	odwin	d Road	11.0
NO OR UNKNO	JAP TES, GIVE	WAR OR DATES	216-50-1	698	DonaLD Gilb	ert B	altim	ore.	MD. 2	1228
18 CAUSE OF	F DEATH (Enter only	y ane cause per	line for (a), (b , an	d jc . i	10.1	A.				KIMATE INTERVAL
PART I. DE	ATH WAS CAUSED	BY: CAUSE (o)	Conoras	7	axhac Furt	une.				
	IMMEDIATE		R AS ACOMSEOU	ENICE OF		1	×			
Conditions,	if any, which	(16)	Artono	seler:	o Fre Carles	Vascou	12. D.	pare	200	
	to immediate	PULL TO O	Das A CONSTOUR	SUCE OF						
underlying		100000	R AS A CONSEQUE	ENCEOF						
PART 2. OTHE	ER SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR CONI	DITION GIV	EN IN PART 1	10
NO		575-01	124	621	caathutu	> -				
AD THE OF (OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	OPSY?	206 IF YES	, WERE FIND	NGS USED
TE						YES	NOTE	IN CERTIF	YING CAUSES	NO
21a. ACCIDENT	WAS UNDERLYING	216 TIME C		AV VEAS	21c. HOW INJURY OCCURE	RED (ENTER NA	ATURE OF INJUR	Y IN ITEM 18 P	ART I OR PART 2)	
OR CONTRIBUTION	NG CAUSE OF DEAT	n	M. MONTH DA	AY YEAR						
(IF EITHER NOT		21e PLACE	OF INJURY		211 LOCATION					
WHILE AT WORK	NOT WHILE	(AT HOME STI	REET, FACTORY, OFFICE, F	ARM ETC	STREET		CITY OR TO	WN	COUNTY	STATE
		ol) ottended th	se deceased from_	2	-2 - 1954		8	-1-	1986	that (1) (wet last
22a.1 certify	that (I) (this hospite			C (
saw the	deceased alive an	2-		X 6 , or	nd that in (my) (aur) apinion (death accurre	d on the do	te and hou	r and from the	causes stated
saw the	deceased alive an	2-		, 0.	DEGREE			-		SIGNED
saw the above, (I	deceased alive an	2-		, 0.	DEGREE			-		SIGNED 7
sow the obove, (I	deceased alive an	View the body		, 0.				-		
saw the obove, (I	deceased alive an	PBJKT		, 0.	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F IAN 🗌	22c DATE 2/	\$1GNED 7/86.
saw the obove, (I	THE L. KN	PBJKT	A.D.	m	DEGREE ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL DIRECTOR	STAF PHYSIC	F IAN 🗌		\$1GNED 7/86.

DHMH - 16 60M 7/84 (VRA 15, 4)

²⁴LEUNES Y DMECTOR Russell C. Witzke Funeral Homes P.A. 250. DATE REC'D BY REGISTRAR 256 REGISTRAR S. SIGNATURE 1630 Edmondson Avenue, Catonsville, MD. 21228 FEBO7 per felicitude for



recuted

FOR - STATE REGISTRAR

Black

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

13d INSIDE CITY LIMITS?

02

DIVORCED [

NO [

15 MOTHER'S MAIDEN NAME

Lincoln

5. DATE OF BIRTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Baltimore

NE	6			
_		REG.	NO.	

20 DATE OF DEATH MONTH

6 AGE (IN YEARS LAST BIRTHDAY)

84

12a USUAL OCCUPATION

February 8,

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY

TYPE OF WORK FOR MOST OF WORKING LIFE

IF UNDER I YEAR

1986

13. STREET ADDRESS ZIP CODE 1814 East 31st Street 21218

2b HOUR

12b. KIND OF BUSINESS OR

Smith

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 min.

9_56_, that (1) (we) lost

IF UNDER 24 HRS

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		EASED NAME	FIRST	
			ohn	
5.	3 SEX	(100	4. RACE
		Male		B1.
7		RTHPLACE (STATE OR F	ORE IGN	76 CITIZEN OF
		South CAro	lina	U.:
0	10. €1	TY OR TOWN OF DEA	TH	11. NAME OF
O	[BALTIMORE		(IF NOT IN SUC
15	USUA I 3a. S	AL RESIDENCE (IF NURSI	NG HOME OR	
9		aryland	130 0001	
~	14 FA	THER'S NAME		MIDDLE
		Lee		Sm
1	()	VAS DECEASED EVER		MED FORCES?
		VO		
		18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSE	
				DUE TO, O
	- (Conditions, if ony,		((b)_
		gove rise to imm couse (o), stating	ediate g the	DUE TO, O
		underlying couse	lost	(c)_
	1	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO
	O.	Stace 3 d	scub	itus ula
0	CAT	190 DATE OF OPERAT	ION	196 COND
1	E	Distance.		
0	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UND	-	21b. TIME C
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		saw the decease	d olive on	8

	Lee	Smith		Clor	15		2	mith
160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YE	GIVE WAR OR DATES	1-24-6900	17 INFORMANT	onaparte	ADDRESS 1814 East	31st St	reet
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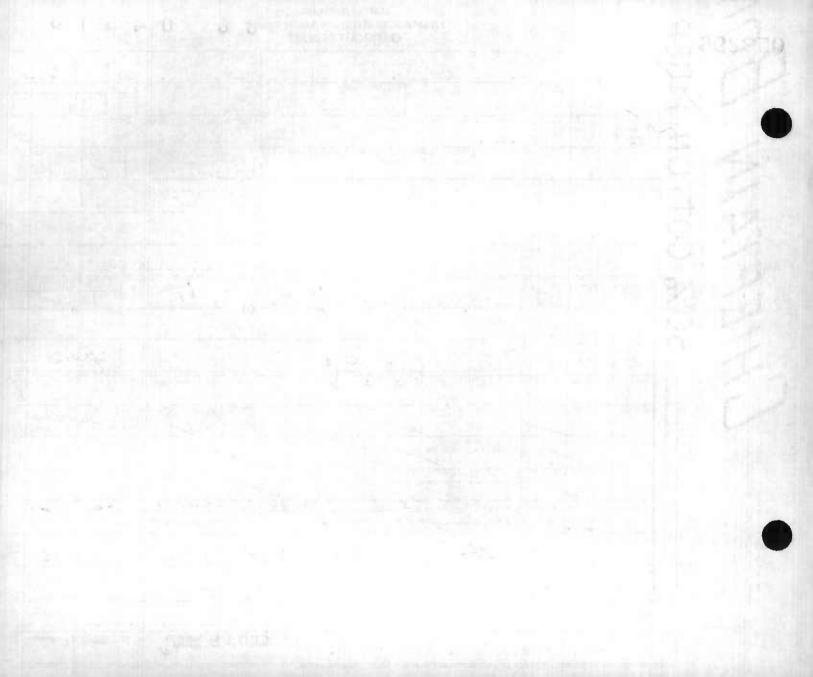
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(VRA 15, 4)

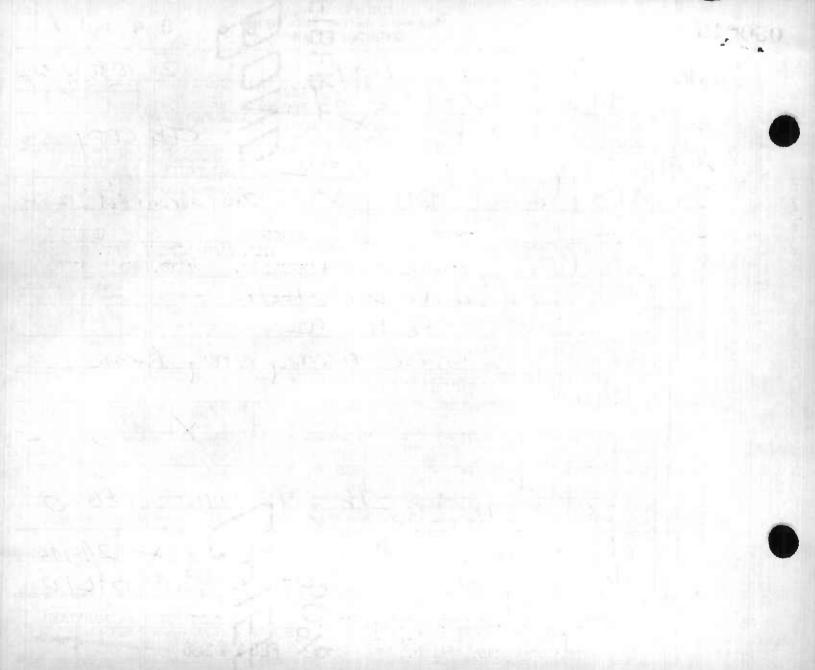
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	STATE OF MARYLAND NT OF HEALTH AND MENTA CERTIFICATE OF DEATH		6 · RE	0	4	5 1	6	
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2296	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	5 1	6	
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1 88 X	M	lale	White		Feb	7,1915 YEAR	71	ONTHS DATS	HOURS MIN.	
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th 65 5	M	arryland	U.S.A.		WIDOWE	7.7	Baltimore City	MD.		
1 1 3		ITY OR TOWN OF DEATH		HOSPITAL, NURSII		OR OTHER INSTITUTION	120 USUAL OCCUPATION	F BUSINESS OR		
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DHMH - 16 60M 7/B4	24 FI	uneral director Burgee-Henss F	uneral H	ome, Bal	timore	, Md. 250. DA	EBO TY BOK DON'S SO REGISTI	RAR'S SIGNAT	UBE	



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1/20	10. CITY C	OR TOWN OF DEATH	11. NAME OF		SING HOME C	R OTHER INSTITUTION		FOR MOST OF WORKING		OF BUSINESS OR
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been prior ony ii	CERTIFICATION 19a	DATE OF OPERATION	196. COND	OITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTO		ES, WERE FINDI	
× - 000 5	1 4						YES 🗀	_ /	TIFYING CAUSES YES 🗍	S OF DEATH?
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SICIAN: ng phys certifico certifico entol Hy ltem 18	0.00	CONTRIBUTING CAUSE OF DE		.M. MONTH	DAY YEAR					
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A After of the soul of the sou		I certify that (I) (this hose	oital) attended: ti	he deceased from	7	10 /	2 10 7	110	1000	thot (I) (we) lost
TEN TO OR.		sow the diceased olive o	$n_2 $	10 19	1	nd that in (my) (our) opinior	deoth occurred	on the date and he		
A AI Hosp Pt. o	221	obove/(I) /we/(did)/(did n	ot) view the body	ofter death.	200	DEGREE			22c DATE	SIGNED
Y the hor RAL DIRE detocher fore Dept.		MMM	Van	8	M	ATTENDING	MEDICAL DIRECTOR [STAFF	- 2/1	0/82
HOSPITAL ined by the FUNERAL uld be detribute Stote	220	PHYSICIAN'S NAME (TYPE	OR RINI)		/	22e ADDRESS	1 12	^		200
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Of Ode MM	23e. BURI	AL, CREMATION, REMOVA	L 23b. DATE	23	It. NAME OF C	EMETERY OR CREMATORY	23d LOCA			
ВР	(SPEC	BURIAL		2,1986		AMUNO	RA	LTIMORE	MAR	YLAND
	24 FUNE	RAL DIRECTOR SOL	LEVINSO	IN & BRO			TE REC'D. BY RE	EGISTRAR 25h REGI	STRAR'S SIGNA	TURE A. NO.
DHMH - 16 50M 4/83 (VRA 15, 4)		6010 REISTER		ADDRES	0., MD	21215 E	EB14	1986	mulaban-	No.
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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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056058	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 4 5 2 1							
0000	REGISTRAR	CERT	TIFICATE OF DEATH	REG. NO.	TH DAY YEAR 25 HOUR				
o i i	JUNI	is H. Lo	GAN	2	-18-86 2:55 Pm				
oge 4 mo	n sex	B	E OF BIRTH DAY YEAR 25 - 00		MONTHS DATS HOURS MIN.				
eoth. P	COUNTRY) Va-	111 4 11	NEVER MARRIED WED DIVORCED	9 BALTIMORE CITY OR CO	ORG CITY MD				
s offer d	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUPPLACILITY, GIVE STREET ADDRESS)	OS NITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR					
AND 212	POSUAL RESIDENCE IF HURSHO HOMEO 134 STATE		N) 13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP	7.17.16				
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ST., BAI	PART I. DEATH WAS CAUS	nly one couse per line for io1, (b), and ic 1 ED BY. TE CAUSE (o)		1	APPROXIMAR INTERVAL BETWEEN ONSET AND DEATH				
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quires the signed librarial to burial alory, or allows.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERM		N GIVEN IN PART 110				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN The low requires that the death certificate be executed within 24 hours oftending physician. The low requires that the death certificate has been signed by the oftending physician and critician as the buriol-transit permit. Then please remove carbon paper than the and Mental Hygene prior to burial, cremation, or removal. The statement of the statement of the property of the statement of the st	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT		20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO				
N OF VITAL SICIAN The ng physiciot promol-tronsit gentol House femila show	OR CONTRIBUTION CONTRACTOR OF THE	ATH HOUR A.M. MONTH DAY YEA	AR .	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART LOR PART 2)				
IVISION JOE PHYS Offendin ter this of is the bur h and Me rked or h	ORCONTRIBUTING CAUSE OF DE CAU	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
TTENDIN pitol or TTOR Affor use of Health 21 is mo		ital) attended the deceased from 19 86	and that in (my) (our) opinion	death occurred on the date on	19.26. that (I) (we) last and hour and from the causes stated				
AL OR A the host al DIREC defoched bite Dept	226 SIGNATURE BULL TON	• 5700	DEGREE M.O ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN [27. DATE SIGNED 2-18-86				
TO HOSPITAL retoined by th TO FUNERAL should be deto with the State IMPORTANT: H	BICH T	DWONG.	22e ADDRESS	AN HOSPIT					
BP	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 236 NAME OF CEDA	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN ANNA Aru	COUNTY STATE				
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR WILLIAM C. Mar	ADDRESS	Wabash FF	B 21 1986					

Baltimore, Md. 21211FF

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STATE OF MARYLAND

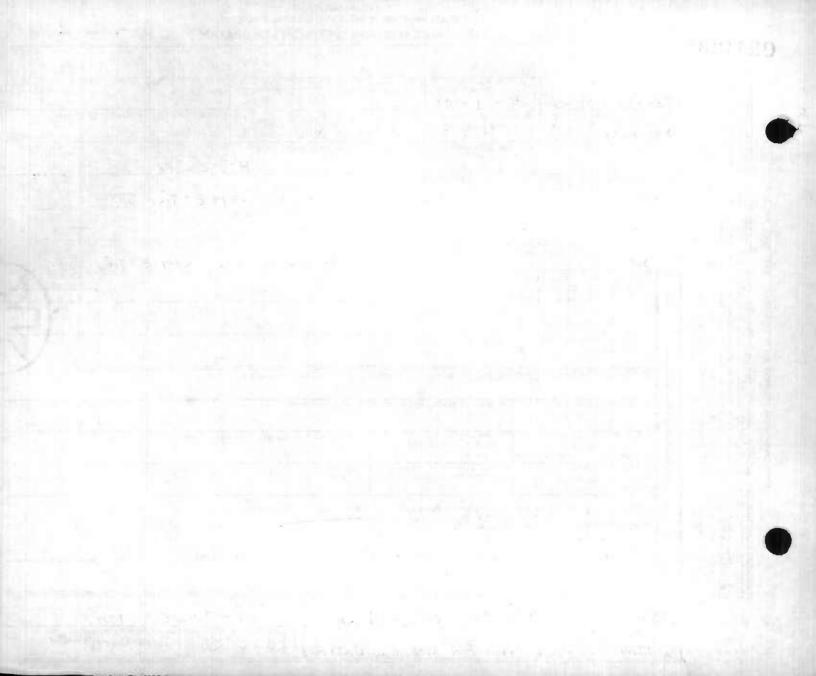
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

Alan Seitz, Jr.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO 051090 DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-ECESSARY, PLEASE INFRAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS "PRESTON STREET, Lillian DEATH MATED 13/19 86 Long 1 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE RONOUNCED YEAR 85 YRS DEAD 13/ 19 86 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) NEWBERG WIDOWED X DIVORCED Baltimore City 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 1126, KIND OF BUSINESS OR INDUSTRY 2444 Etting St. HOUSEWIFE Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MO ALTIMERE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST FIRST MIDDLE LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Congestive Heart Failure IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI AL, CREMATION, C lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 16 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES NO X EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CTO FUNERAL DIRECTOR; PAGE 3 SHOULD BE AFIER DÉATH, WITH THE STÂTE DÉPARTAMORE, MARYLAND, 21201 PRIỘR TO BU 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK Inspection XX 220. I certify that I took charge of the remains a subject above, held an Autopsy and in my apinion death resulted Natural causes Undetermined monner TITLE (SPECIFY) 2/14/86 Assistant EXAMINER'S NAME Smyth Dennis Penn St. (TYPE OR PRINT) ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE BURIAL 07/84 BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FEB 1 8 1986 MALANDAM AND MALANDAM 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 7n. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTE AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OWN OF DEATH 175 KIND O WORK FOR MOST OF WORKING LIFE) INCILISTED 134 INSIDE CITY LIMITS? 13e STREET ADDRESS FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) mohy (ema Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [710. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 714 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC) NOT WHILE 77 1 certify that Hetthis hospital attended the deceased from. 86 and that in (my our) aginion death occurred on the date and hour and from the causes stated above at the lidial idid not were the body after death 276 SIGNAF DEGREE 22c. DATE SIGNED ATTENDING ld be deto PHYSICIAN DIRECTOR PHYSICIA FUNERAL 22e ADDRESS 226 PHYSICIAN'S NAME (TYPE OF PRINT) MPORT, 23c NAME OF CEMETERY OR 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

(VRA 15, 4)

FOR STATE REGISTRAR

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE	6 REG.	Q	4	5	2	Ci.
E	LAST	2a. DAT	E OF DEATH	MONTH	DAY	YEAR	2b	HOUR

042048	1.	STATE REGISTRAR		DEPARTM	CERTIF	CATE OF DEATH	REG. NO	U 4	3 2	. 3
Design Control		CEASED NAME FIRST	•	MIDDLE	LA.	ST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
E 45	1	JAMES		H. (I	ONG)	LONGS	FEBRUARY 4	1986		05:07pm
	3. SE	Х	4 RACE		5 DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS
IN E		M]	В	TO	15 20	65	YRS.	THS DAYS	HOURS MIN.
(1) +2 Wy		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MADDIET	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	SUDAL.
The state of the s		Con ALBA)	U.S.A.		WIDOWE		BALTIMORE	CITY		MD.
D 25	1	ITY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SUC THE J	HOSPITAL, NURSIN THE FACILITY GIVE STREET A OHNS HOPK	GHOME O	ROTHER INSTITUTION OSPITAL	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O CONSTRUCT	F WORKING LIFE	12b. KIND OF INDUSTRY	BUSINESS OR
22 24 SOLUTION OF THE SOLUTION	130	AL RESIDENCE (IF NURSING HOME OF STATE MARYLAND		13c. CITY OF TOWN		134 INSIDE CITY LIMITS?	3602 CLIFT	ZIP CODE ON AVEN	UE 212	16
ampletely cond 2 sf	7	ATHER'S NAME WALTER	WIDDLE	LONGS		JÄNIE	MIDDLE		LAST	
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y sicu		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per	line for (0), (b), one	dice					NATE INTERVAL
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offenting nove corb offen, or troumatic		Canditions, if ony, which gove rise to immediate		R AS A CONSEQUE		AL SYND	ROME		48	hes
thei the		cause (a), stating the underlying cause last.	(c)	RAS A CONSEQUE	ATIC		IRCIN OWA		In	0,
requires the signe to bur injury.	NO	PART 2 OTHER SIGNIFICANT			10/4					
The low croon.	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATION	N WAS PERFORMED	YES NO	206. IF YES, W IN CERTIFYIN YES	G CAUSES (
physic ph		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	ORPART 2)	
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	230	BURIAL, CREMATION, REMOVAL			IAME OF CE	METERY OR CREMATORY	23d LOCATION	Cr	OUNTY	STATE
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		FOR			DEBARTA	DEPARTMENT OF MEATER AND MENTAL MYCHENE () 6 () A () 6								
25	1 - STATE REGISTRAR					EPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 4 5 2 6								
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17		BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF WHAT COUNTRY?		MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
91	New Jersey			USH		WIDOWE	The state of the s	KAGIMORE			CITY MD.			
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ol. cre		underlying cause	last.		1 BEDRIDDEN STATE AND DEMENTIA					ns				
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231 NAME OF CEMETERY OR CREMATORY

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23b. DATE 2/5/86

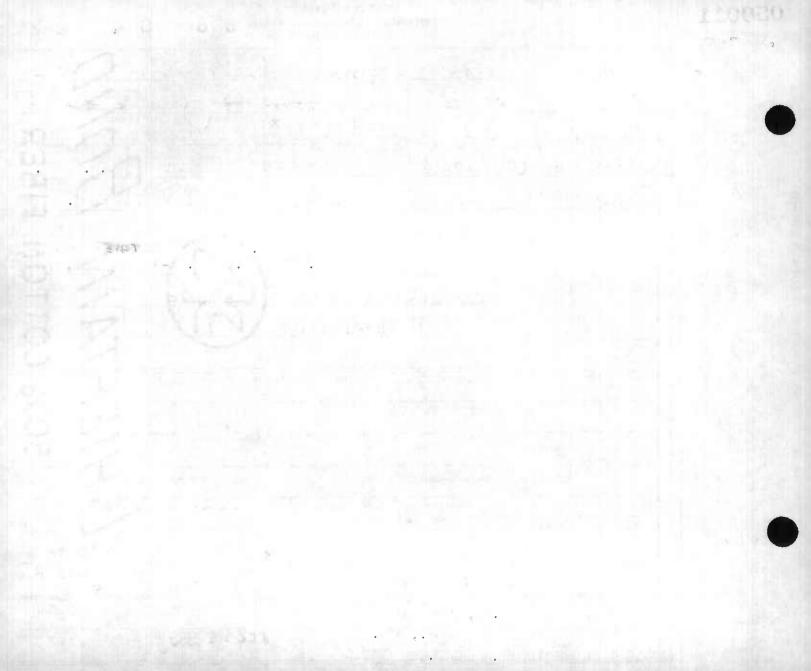
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate, be executed within 24 hours of the adding physician. When this certificate has been signed by the attending physician and certificate in the ost the buriol-transit permit. Then please remove corbon papers. Provided or them B shows any injury, or other troumatic event, the middle certificate in order or them.		VAS DECEASED EVER IN 1 YES NO OR UNKNOWN) NO		ED FORCES? 16b. SOCIAL SECU VAR OR DATES) 215-01	-691	17 INFORMANT M	R. STANLEYREGLI ST., APT. S.	enstave 21	verdere Av		
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FOR

STATE OF MARYLAND

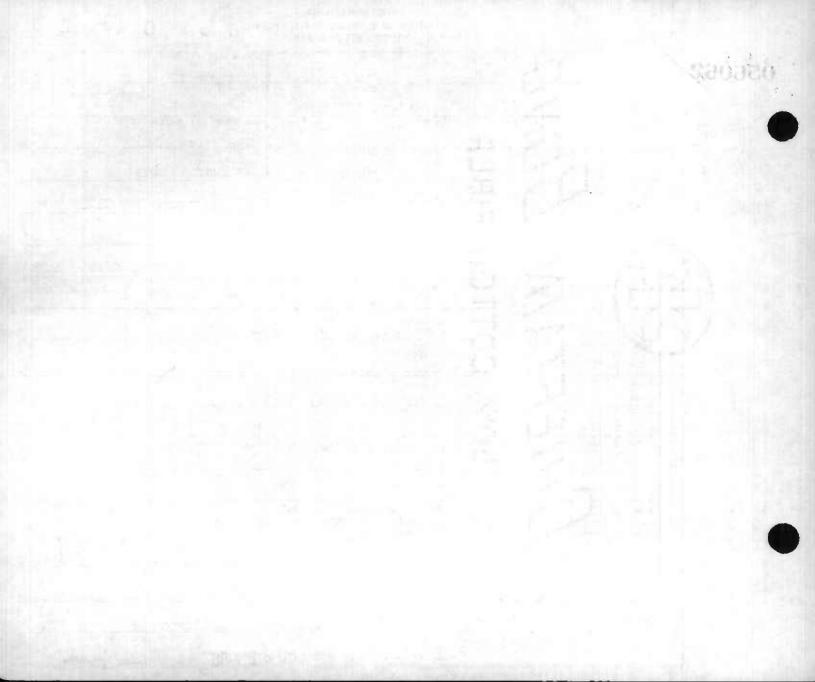
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0				
1		CEASED NAME FIRST	- N	NODLE	l	AST .	20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR		
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7	9	no	GIVE WAR ON DATES)	218-03-74	28	Diana Schoen) Saxon	Circ	le 21236			
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		sow the deceased alive on 2/9 19 ond that in XXX our) opinion death occurred on the date and hour and from the couses stated obove. XXver/aid: XXX view the body after death										
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		226 PHYSICIAN'S NAME (TY		0 0								
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DHMH - 16 60M 7/84 (VRA 15, 4)

9705 Belair Rd., Calto. Md. 212 36

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



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S NECESSARY, PLEASE FUNERAL DIRECTOR. S-COR YOUR FILES. WITHIN 72 HOURS WERSTON STREET,		Male	White	Dec. 29,	1938 47	YRS.		HOURS MIN	PRONOUNC	ED	2/	21/19	111:
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SAN	7	Maryla	ind	USA		WIDOW		DIVORCED [Balti	imore (City,	,	Α.
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D. 21201 IF ANY DELAY'S N. 3. AND 3 TO THE FU. 3. RETAIN PAGE. A. RECORDS. 20. W. 4. RECORDS. 20. W.	13a S	Md.	(IF IN NURSING HOME O		13c. CHY OR TOV Baltin	omission) VN 10re	13d INSIDE CI	TY LIMITS? 13e S	3802°RS	dgecro	ft R	oad 2	21206
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574748	23a.B		TION, REMOVAL 2		23c NAME OF				LOCATION		COUNT	Y	STATE
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In President

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR 070179 I. DECEASED NAME FIRST KNOWN X 2a. DATE Zh HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED IS NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS W PRESTON STREET, Luby 86 Frank 19 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED 74 YRS DEAD Male White 8 10 19 86 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S. WIDOWED C DIVORCED Baltimore City 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED. AL RECORDS, 201 W IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY 2133 N. Dennison St. Machinist Aircraft Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 2133 Dennison St. Md. Balto. NO [] 21216 18. GIVE PAGES 1, 2, A
WITH FORM, PM 3. I
MIT. PAGES 1 AND 2 SH
S, DIVISION OF VITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Miller John Luby Florence 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** 113 S. Kelly Av. LIF YES, GIVE WAR OR DATES Mrs. Georgia Watkins Bel Air, Md. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 4I CERTIFICATION Chronic Alcoholism 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USI AFFER DEATH WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA NO K 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 27a I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 2/14/86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) Penn St. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATOR 23d. LOCATION COUNTY STATE Removal 2/7/86 25M 1960 STRAR 256 REGISTBAR'S STRATURE 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS (VR A15 ME (5)) Anatomy Board Balto., Md.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND

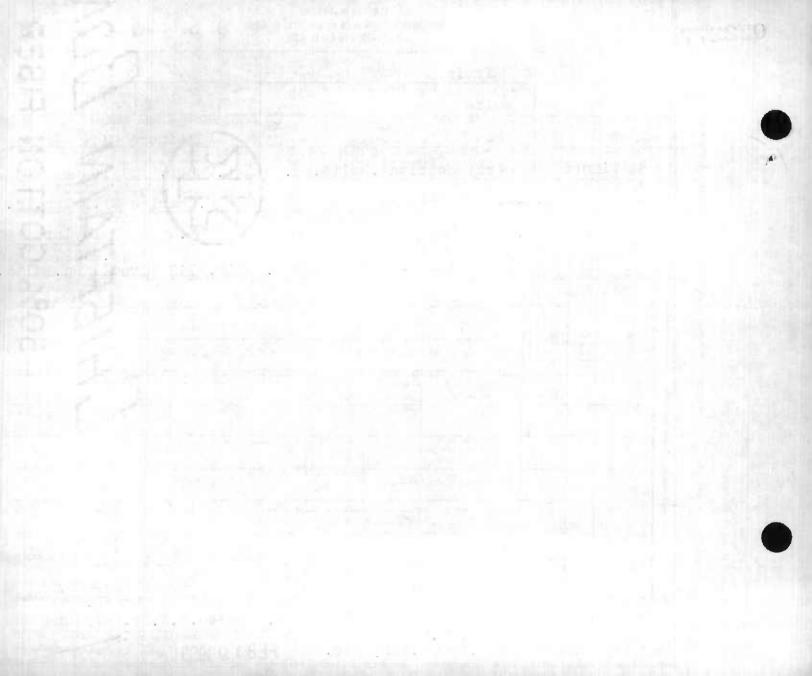
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	D RV	Ine far (a), (b), and						APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
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DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, th



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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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RCREMATORY	23d LOCATION	COUNTY	STATE
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2 1	321 1986		ar-Abadan

1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 056013 DECEASED NAME MIDDLE 20. DATE OF DEATH (TYPE OR PRINT) Nathalie 86 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HPS MONTH 28 1918 White 2 67 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY U.S.A. Baltimore City Maryland DIVORCED [WIDOWED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Key Medical Center Baltimore Housewife USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 8225 Longraint Road Maryland Baltimore Dundalk 27222 A FATHER'S NAME 15. MOTHE MIDDLE A. Williams John G 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORA 212-09-9361 No Robe 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
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Dundalk, Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

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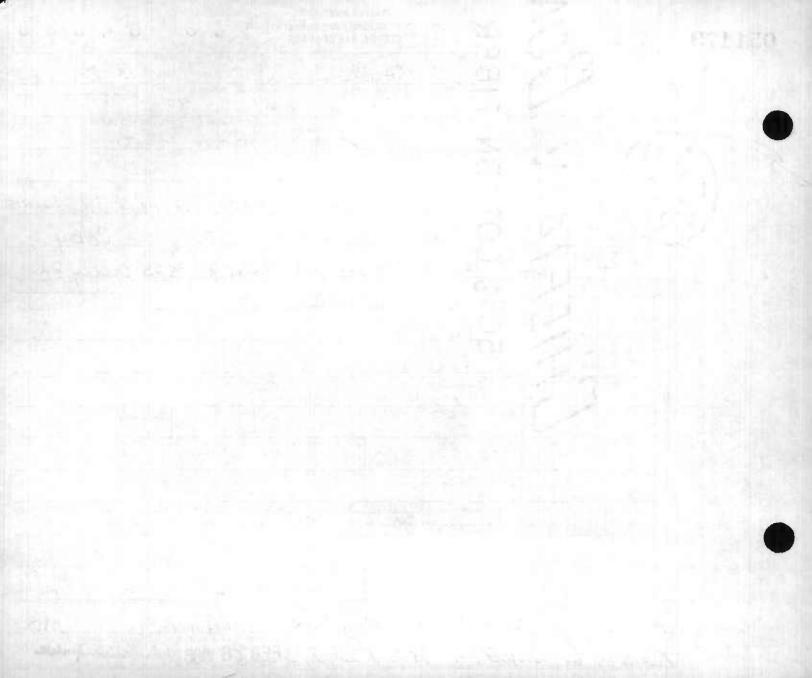
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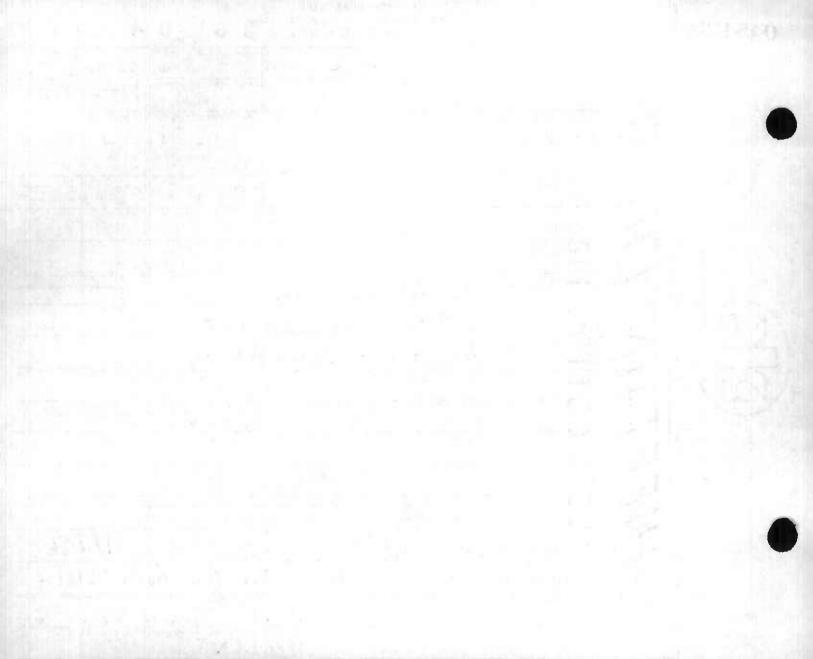
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(VPA 15 4)	5	DARRE VI	1/1 at 17 F-LL ADDREY	600 Laller To 100	ERY'S 1000 Julia	Davidson- Mandalles



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yy be age 3 death	1. DECEASED NAME FIRST (TYPE OR PRINT)	neta	HOCK	REG. N. 20. DATE OF DEATH	2 10 86 10 37
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN. The law requires that the death certificate be executed within 2 then this certificate bas been signed by the othernaling physician and completely lite of the burial-transit permit. Then please remave carban papers. Pages 1 and 2 s the and Mental Hygiene prior to burial, cremation, ar remaval. and a shows any injury, or other traumance event, the medical examiner minared or them 18 shows any injury, or other traumance event, the medical examiner minared.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS ACCUSED (b) DUE TO, OR AS ACCUSED (c) T CONDITIONS CONTRIBUTING TO	effection +	PE Mets- Ascasa RMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
he law read on the law read on	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
IVISION OF VITA G PHYSICIAN: TI othending physici ner this certificate s the buriol-transi o and Mental Hyggi ked or then 18 sh	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UF EITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE AT WORK AT WORK		19 21f. LOCATION	RRED (ENTER NATURE OF INJUR CITY OR TO	
At OR ATTEND the hospital or At DIRECTOR: A etached for use te Dept. of Heal	220.1 certify that (1) (this has saw the deceased alive	spital) attended the deceased from an an another the body after death.	, and that in (my) (aur) apinion	n death accurred an the do	that (I) (we) last and have and from the causes stated
TO HOSPITAL TO FUNERAL Should be as should be with the Store MAPORTANT:		MANESH	120 ADDRESS 4940 Ears	Im Ave.	Kula 21224
BP	230 BURIAL, CREMATION, REMOVE (SPECIFY) Burial	236. DATE 236. 236. 236. 236. 236. 236. 236. 236.	rund Fides Cenetry	CITY OR TOWN	imore county state
DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR William C. March	n F/H West 4300 sss	Vabash Avenue	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE



House life in the s 101 Coloren Casa Eath, Kei Saltirane N. Nichal St. Julia Compton Ford Palts. Ma. 21210 entrance of the Contract of th

Oramation 251 H Chaen Your Sharm. Billingra NH. Elti. V. 2191 Hanny V. andna 850m 4515 York HJ.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6	
_	REG. NO	

06409	5	1-	FOR STATE	DEP		ICATE OF DE		ENE 8 6	0 4	" mg in
OOMOC	.20	LOF	REGISTRAR EASED NAME (81)	WIDDLE	CERTIF	AST		REG. NO 20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
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8	-15	1.50)		4 RACE	5 DATE C	OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
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de la company	32	Be	ELTIMOVE	11. NAME OF HOSPITAL, NL (IF NOT IN SUCH FACILITY, GIVES WYMAN	IRSING HOME		UTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Retired	12b KIND	
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	100	14. FA	Joseph	S. MacWill	iams	15. MOTHER'S M		E MIDDLE	Pari	AST Y
9 9	7		AS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIAL	SECURITY NO.	17 INFORMANT	T	ADDRESS	V-187	1911
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certificate ng physic thompologie r removal	ic evelent, th		PART I. DEATH WAS CAUS	TE CAUSE (a)	o Vole:	mia S	shoc	r	BETWEEN	ROUY
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AL OF J The ha IAL DIRE defoched arte Dept	47. If Ben		Led 2 0	Pobinson	m	PH PH	ENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	2 26	Feb 86
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51 541	8		URIAL, CREMATION, REMOVA			EMETERY OR CRE		23d LOCATION	COUNTY	STATE
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DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

1 - STATE

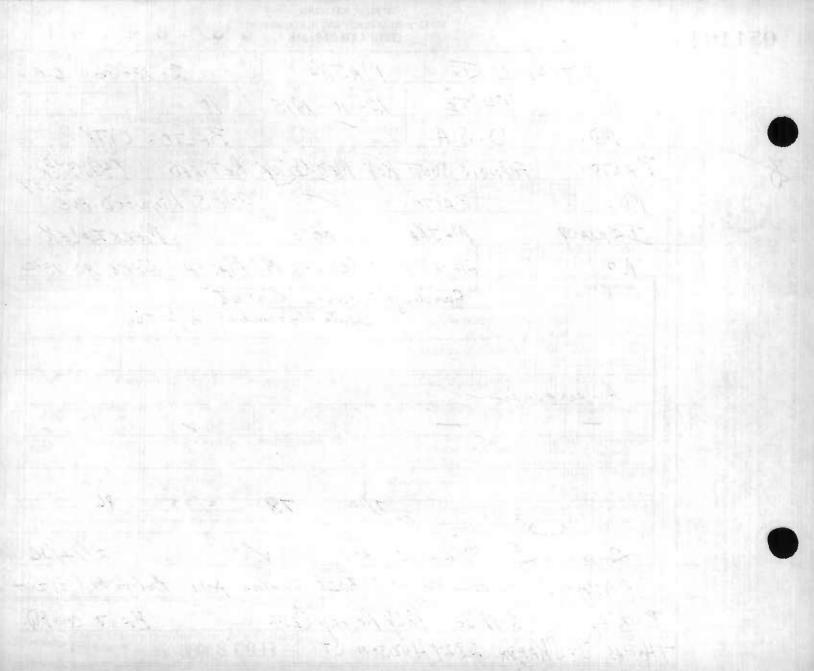
Baltimore

Maryland

A. Alan Seitz, Jr. 3615-19 Chestnut Ave

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2	• ,	1	FOR - STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	3 4 0
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ge 4	to so		ÆMALE	WHITE "	11 18 1912	73 YRS	MONTHS DAYS HOURS MIN.
Pog dire	2.	70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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D 3	# 6	10 0	ITWOR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
s oft	B 40	(D)	aulto	LEVINO DALE N	ome + Hosp.	MANAGER WORKING LI	FINANCE CO.
hour	the be		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS	ion)	L. CTOFFT + DODFFG + TIO CODE	APT. B-2
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rithir	2 sh	14 F	ATHER'S NAME	MIDDLE MACIED LAST	15 MOTHER'S MAIDEN NA		
ed w	\$ 5 XX)	JACOB	MAGED	SARAH	B	RODIE LAST
d co	S 00/		WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECURITY N		. ALLEN MAGED	
e ex	Pog med		NO	212-03-394	3 4220 LABYR	INTH RD. BALTO	, MD 21215
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tifico phy	mov		PART I. DEATH WAS CAUSE	ECAUSE 10) BRUST	cancer, me	tastatic	Vrsi
guilg.	or re	16	MAKEDIAI	DUE TO, OR AS A CONSEQUENCE C	25		7
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he d	emo mot er fro		gave rise to immediate couse (a), stating the		05		
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ned ne	y. or		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110
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bee	prio K	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ATION WAS PERFORMED		, WERE FINDINGS USED
he le on.	ows	7 1					YING CAUSES OF DEATH?
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CIA B ph	ntol intol	1 3	OR CONTRIBUTING CAUSE OF DEA	1111	EAR		
HYS ndin	d Me	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
offer t	s the	2	WHILE NOT WHILE	(AT HOME, STREET FACTORY OFFICE FARM ETC	SINCE		OI STATE
A Af	eplt?		220 I certify that I the hospit	tall attended the deceased from	21/8 -12 8	5, to 2/2 V	19 6 that ((we) ast
TTEP priol	of H		saw the deceased	the body after death.	and that in (my)(aur)apinion	death accurred an the date and hav	ond from the causes stated
A A A A A SEC							
E - E	hed ten		77k SIGNATURE DE	11.0	DEGREE		Th. DATE SIGNED
AL OF the I	letoched ate Dept T: If them			venso	DEGREE ATTENDING	MEDICAL STAFF	2/23/86
SPITAL OF	be detached the State Dept TANT: If them			verso .	MAID ATTENDING	MEDICAL STAFF	2/23/86
HOSPITAL OF	ould be detached the State Dept PORTANT: If them		77k SIGNATURE SFA		ATTENDING PHYSICIAN D	- BALTO., MD	2/23/86 2/23/86
TO HOSPITAL OR retoined by the TO FUNERAL DIR	should be detached with the State Dept IMPORTANT: If then	230	S. LEVENSOI	N , M.D. 231 NAME (ATTENDING PHYSICIAN CHARGE ADDRESS LEVINDALE OF CEMETERY OR CREMATORY	- BALTO., MD	2/23/86
TO HOSPITAL OR	should be detached with the State Dept IMPORTANT: If them	23a	THE SIGNATURE THE PHYSICIAN'S NAME (THE S. LEVENSO!	N , M.D.	ATTENDING PHYSICIAN CHARGE ADDRESS LEVINDALE OF CEMETERY OR CREMATORY	- BALTO., MD	2/23/86
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						OF MARYLAND			
051104	1-	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 6 REG. NO	0 4 5	4
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o do	LIVPE	ORPRINI) MITCH	1E11	7.	1	ATKA	2	- 13-86	GPM
Pog Pog	3. SEX		4. RACE		S. DATE C	F BIRTH	6 AGE JIN YEARS LAST BIRT		
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0 1 35		OUNTRY) MD.	76 CITIZEN O	· S.A.	RY? B. MARRIEI WIDOWE	NEVER MARRIED DIONORCED	BALTIMORE CITY OF	COUNTY OF DEATH	H MD
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P - P	USUA	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTE	ON GIVE RESIDENCE BI	EFORE ADMISSION	1 KD CCCILI	4 MET TREE	DR	Y VOCA
ON (1911) 25	13a. S	MD.		BACT		YES NO 1		INWOOD	AUE.
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No the corporation of the corpor			DUE TO,	OR AS A CONSE	OUENCE OF	Tente My or	udal Just	metor	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death cert offending physicion. Iffer this certificate has been signed by the offending post the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, or ren orked or them 18 shows any injury, or other traumatic ev	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	ITION GIVEN IN PAR	/T 1(o)
beer rait.	ATI	190 DATE OF OPERATION		IDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED
L Re lo ne lo me l	E						YES TO NOT	IN CERTIFYING CAU	ISES OF DEATH?
VITA NYSICIO ICOTE Hygie Hygie B sho	CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		OF INJURY A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR			- Trans
ON OF ITSICIA ding ph is certifi buriol-ti Mental	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	ALD	P.M.	19				
VISION G PHYS offendin er this c sthe bus ond Mc	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFF	FICE FARM ETC)	211 LOCATION STREET	CITY OR TO	NN COUNTY	Y STATE
Afte of the mort		220 I certify that (1) (this hosp	ital) attended	the decensed for	m 7/	10 10 78	2/13	10 86	that (1) (we) last
TTEN Dated TOR: of He		sow the deceased alive or above, (I)(we) (did (did no	- //-	•		d that in (my) (our) opinion	death occurred an the do	te and hour and from	
R AI hosp hed thed them them		22b. SIGNATURE	at yiew the box	dy offer deoff		DEGREE	C. ULIVO - D. C.	22c. D	ATE SIGNED
0 9 0 0 =		Danamir e	B	Elma	- A.	ATTENDING PHYSICIAN	MEDICAL STAF		114/86
HOSPITAL ned by the FUNERAL Jid be det the Stote		221 PHYSICIAN'S NAME (TYPE	ORPRINT)	97000	-	22e ADDRESS	_ ownerion _ riviole		
O HOSPITA TO FUNERA should be de with the Stot		BAYANI		ELMA	1-	3023 tas	teen Alle	balto ka	18/2/22-
BP	23a. B	URIAL, CREMATION, REMOVAL	236. DATE	7-86	73c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	Z COUNTY	(14) on .
	24 FI	INERAL DIRECTOR	10/1	00	104	1250 DA	TE REC'D. BY REGISTRAR	Sh REGISTRAR'S SIG	NATHRE .
DHMH - 16 50M 4/83 (VRA 15, 4)	1	Hammes T. Ch	ARTH	2829m	HUDSO	N ST. F	EB 1 8 1986	guha Davidoo	m-handeles



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

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Tuidson-Randell

REGISTRAR		CERTIF	ICATE OF D	EATH	REG. NO.		N.	
1. DECEASED NAME FIRST	MIDDLE	Į.	AST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
PPE OR PRINT! WALTER M.	MAKOWSKI SR.				FEBRUARY 26	. 1986	7:07Am	
1.5EX	RACE	5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR		
Male	White	MONTH		YEAR		MONTHS DAYS	HOURS MIN	
MU BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTR	4	4	20	65 YRS			
COUNTRY (STATE ON FOREIGN	CITIZEN OF WHAT COUNT	MARRIE	DEVER M	ARRIED -	ARETIMORE CITT OR COUNT	III OF DEATH		
Maryland	U.S.	WIDOWE		ORCED	Balto, City		MD.	
The second second second	NAME OF HOSPITAL, NUR.		OR OTHER INST	ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Driver	12b. KIND C S LIFE) INDUSTRY	truction	
Balto.					Driver	Cons	truction	
OSUAL RESIDENCE (IF NURSING HOME OR OF THE 130 STATE Md. 130 Carro	HER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	1134 INSIDE CI	TY LIMITS?	13e STREET ADDRESS / ZIP CO	DE		
Md. Carro	Marrio	ttsvil	TES [NO 🗍	7910 Henryton	Road	21104	
FATHER'S NAME			15 MOTHER'S					
Benjamin MD	Makow	ski		Cather	ine	Siem	iek	
160 WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SE	CURITY NO	17 INFORMAL	41	ADDRESS			
NO OR UNKNOWN) 1 IF YES, GIVE W	(AR OR DATES) 214-14	-7600	Mrs.	Rache	l Makowski - Sa	me as #1	3	
							CIMATE INTERVAL ONSET AND DEATH	
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E	RY.		A	-ct		BETWEEN	ONSET AND DEATH	
IMMEDIATE	CAUSE (o)	nace	11111	271				
	DUE TO, OR AS A CONSEC	DUENCE OF						
Conditions, if any, which gove rise to immediate	(1b) Se	PALC	2110	CNS				
coule (d), stoting the	ting the DUE TO, OR AS A CONSEQUENCE OF							
underlying cause last	(1c) () h	160 W.	OHLA	5 V	eritonitis			
PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION (SIVEN IN PART 1	o	
190 DATE OF OPERATION 2.6.86 / 2.23.8 210. ACCIDENT WAS UNDERLYING			- 1					
190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFOR	MED.	20a AUTOPSY? 20b. IF	YES, WERE FINDIN	NGS USED	
£ 2.6.81 /2.23.8	Digmord Vo	loulus	, Jeert	Bustan :	JULICE NOTTO	YES [NO []	
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW IN.	URY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)		
OR CONTRIBUTION CALIFE OF DEATH	HOUR A.M. MONTH P.M.	DAY YEAR						
(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE OF INJURY	17	211 LOCATIO	N				
- NOI WHILE	(AT HOME, STREET FACTORY OFFICE	E FARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE	
77: 1 certify that (I) (this hospital	attended the deceased from	2	6 36	10 26	2.26.34	10 (6	that((I))(we) lost	
the deceased alive on	2 95 19	01	nd that in (my)	our) opinian c	death accurred an the date and h			
abave (1) (we) [did) (did not) v	view the body ofter death		DEGREE			22c DATE		
THE SIGNATURE	1.00			TENDING .	MEDICAL STAFF	THE DATE	9/ OT	
3	J C LITTE	211	Р	HYSICIAN [DIRECTOR PHYSICIAN	G.	26.60	
274 PHYSICIAN'S NAME (TYPE OR PE	RINI	7	22e ADDRESS					
27.	3166	110						
(SDECIEV)		NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	COUNTY	STATE	
Removal	2/26/86				CITONIOWN	COUNTY	STATE	
24 FUNERAL DIRECTOR			ALCO VI	25a. DATE	REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNAT	TURE	

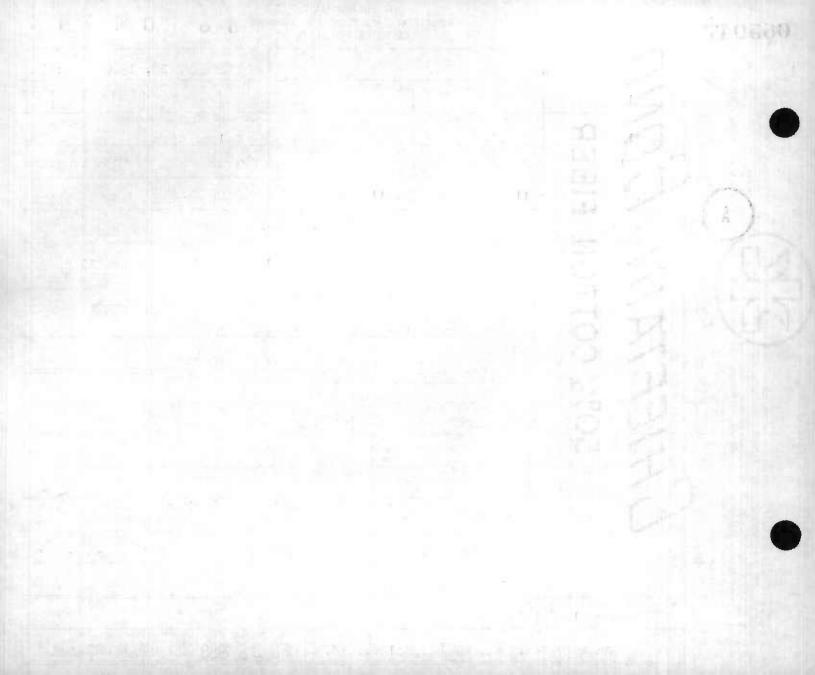
Balto., Md.

FEB 28 1986

DHMH - 16 60M 7/B4 (VRA 15, 4)

Anatomy Board

TO FUNERAL DIRECTOR, v should be detoched for use with the State Dept of Head



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

injury, or other troumatic event, the med

should be detached for use as the burial-transit permit. Then please remove carbon page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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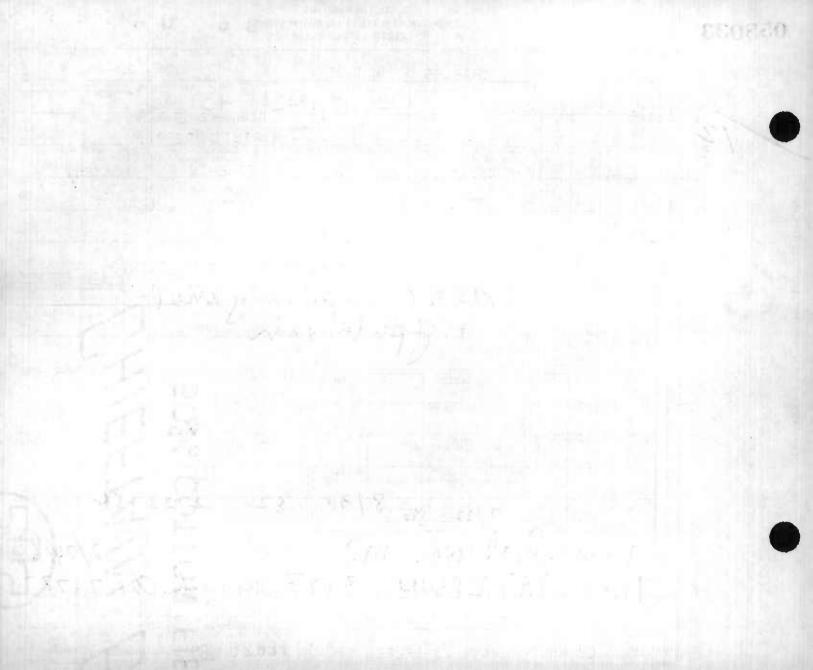
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		REGISTRAR		CERTIN	CAIL OI DEATH	REG. NO	O			
		CEASED NAME FIRST	MIDDL€	l l	AST	20. DATE OF DEATH	MONTH DAY	YE AR	2b. HOUR	
	(TYPE	Docis	F	M	ALLETTE	Februa	219 8	86	1:35	PM
	3. SE)		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		NDER I YEAR	IF UNDER 2	a HRS
		temple	Black	MONTH	DAY YEAR	60	YRS	THS DAYS	HOURS	MIN.
S	7a BII	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? B	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	-	
è	J	irginia	4.5:A	WIDOWE		Balton	ore	Cii	Xy	MD.
L	II CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATION		12b. KIND O	F BUSINES	SOR
Ŀ	2	bottomore		vore Ge	neral Hospital	MESICAL 1			MITAL	h .
MAK	3a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	NTY 13c CITY OR		13d. INSIDE CITY LIMITS? YES NO			AUR	2/2	22
	14 FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	1	
1	WA	1. Thomas	Jor	105	ALEASE	ANNIE	12.	PAR	HAM	
		VAS DÉCEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL S	SECURITY NO.	17 INFORMANT	ADDRE				
		NO	2302	-2-8456	Clarence y	allette 14	e Keep.			
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	D RV.	/				BETWEEN	MATE INTERV ONSET AND D	EATH
	900		TE CAUSE (0) Carclio	pulmor	nery allest					
			DUE TO, OR AS A CONSI	EQUENCE OF			-41.3			
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			((c)							_
	Z	PART 2 OTHER SIGNIFICANT C				INAL DISEASE OR CONE	DITION GIVEN	IN PART 11	3	
_	TIC	Chronic Fen	196 CONDITION FOR WE		ansim	20a AUTOPSY?	20b. IF YES, W	ERE ENIDA	ICC HOER	
1	CERTIFICATION	DATE OF OPERATION	THE CONDITION FOR WE	TICH OPERATION	N WAS PERFORMED	YES NO	IN CERTIFYIN			1?
2		210. ACCIDENT WAS UNDERLYING	LIGUID A M. MONITH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)		
1	AL	OR CONTRIBUTING CAUSE OF DEA	(11)	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION	CITY OR TO	A/NI	COUNTY	67.	ATE
	2	AT WORK NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FICE, FARM ETC)	SIRCE	CITY OK 10		2001411	317	NIE.
		22a.l certify that (1) (this hospi	tol) attended the deceased from	om Januar	7 9 19 86	10 Februar		466	that (I) (w	e) lost
		sow the deceosed olive on obove, (I) (we) (did) (did no	t) view the body after death.	19 <u>46</u> . on	d that in (my) (our) opinion o	deoth occurred on the de	e and hour an	d from the	couses stat	ed
		226. SIGNATURE	01 11 0		DEGREE			22c. DATE	SIGNED	/
		1009 E	Derthien	NO	ATTENDING PHYSICIAN	MEDICAL STAF		2-1	8/88	0
		224. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	1				
		Dott E	5000 FREE ENO	MO	3001 5	TANOVERS	ST B	attin	ofe 1	NO
		URIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		NUNTY	STA	ATE
v	13	24106	2/13/50	(501	SR 14111	BALTIM	on & y	1 2	122	5

DHMH - 16 60M 7/B4 (VRA 15, 4) MAME Sale phlonger 635 h g. Poses & 34

DATE REC'D. BY REGISTRAR 256, REGISTRAP S SIC

058033	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
nay be poge 3	11111	JOHN	CHARLES	MANGUS	2 - 22-86 _M
ma)	1.SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) # UNDER I YEAR # UNDER 24 HRS.
_ & SE MALE		MALE	CAUCASIAN	Oct 12,1942	43 yrs
1.00		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
1140	V	IRGINIA	U.S.A.	WIDOWED DIVORCED	BALTIMORE CITY MD.
1 1 61	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
101		ALTIMORE	FRANCIS SCOT		FOREMAN BAKERY
2 17 DK	130. 3	STATE 136 COU		/N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2/224
	-	MD.	BALTIMO	ORE YESKIX NO []	109 N. CLINTON ST
with operation		FIRST	MIDDLE LAST	FIRST	MIDDLE LAST
ted 2		OTES WAS DECEASED EVER IN U.S. AI	MANGUS RMED FORCES? 166. SOCIAL SECI	JRITY NO. 17 INFORMANT	DELAIRE
a dio	(VE WAR OR DATES)	10 1	
2 8 E	IN		214/40		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 0 1 3 E		PART I. DEATH WAS CAUS		Carling On	AND A BETWEEN ONSET AND DEATH
i e		IMMEDIA	TE CAUSE (a)	CONTROL BURNEY	
e deor		Canditions, if any, which	DUE TO, OR AS A CONSEQU	- De Jena ch	^ 3
he at emov matro		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSERV	The state of the s	
by the		underlying cause last	DUE TO, ON AS A CONSENO	2 to	
signed hen plec to buriol	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MIN AL DISEASE OR CONDITION GIVEN IN PART 1101
n. nos been permit, T ne prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 201. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
N. The hysician icate har ronsit p Hygien 18 show	E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	717 HOW INTURY OCCUR	YES NO YES NO
NG PHYSICIAN: The ottending physician ther this certificate has the buriol-transit proof the and Mental Hygier priced or item 18 show		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	(ENTER NATURE OF MITTAL IN THE AS PART (OR PART 2)
is certification or them	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION	
PHY thendi	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN COUNTY STATE
Or o o o o o o o o o o o o o o o o o o o		228 L cartify that (1) (this base	oital) ottended the deceased from	8/30 10 5	2-ta 2-12-2-19-8 4, that (I) (we) last
TEN Or US or US		saw the deceosed alive a	2/12	and that in (my) (aur) apinian	death occurred an the date and have and from the couses stated
OR AT DIRECTORNET OF THE OR OF THE OPEN OF		22b. SIGNATURE	or view the body after death.	DEGREE	22c. DATE S/GNED
the of the Direction of		ThenC	Vitterson	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 2/24/86
SPITA		22d. PHYSICIAN'S NAME (TYP	O PRINT)	22e ADDRESS	1 1
TO HOSPITAL (retained by the TO FUNERAL (should be detown) with the State (IMPORTANT: If		TheoCI	MITERSON	N 342+1) Undalk auf 21727
5 5 5 4 3 Z	23o	BURIAL, CREMATION, REMOVA	L 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY STATE
BP		BURIAL	2/26/86 DA	KLAWN CEM	BALTIMORE CO. STATE
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	Annacc		TE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(VRA 15, 4)	RA	AYMOND L. KAC	ZOROWSKI 2525	FLEET ST.	B 25 1986 June Davidson-Handala



065040	1-	FOR STATE REGISTRAR			DEPARTMENT O	HEALTI		ENTAL HYGIE	Dru U	4 5	4 3.	
% % % % F;		CEASED NAME	First Sadie		WIDDLE		LAST Mapp	CATE OF DE	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH	DAY YEAR	7b. HOUR
HCESSARY, PLEASE NERAL DIRECTOR. S OR YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET,	3. SE)	emale	Blk.	April 3	O, 05 LAST BIRTI	YEARS IF UI	VDER 1 YR.	IF UNDER 24 HRS	PRONOUNCED DEAD	ніпом	26/19 86 26/19 86	12:2 P M
CESSA NERAL SFOR Y W. PREST	FC	RTHPLACE (STA	ia	76 CITIZEN OF WI	HAT COUNTRY?	MARRIED & NEVER MA		DIVORCED	Baltimore CITY	City,		MD
DELA TOTAL		Baltin	oer	Provide	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Provident Hospital		E, OR OTHER INSTITUTION 120 USUAL OCCUPATION FOR MOST OF WORKING LIFE) Domestic			(TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Housework		SINESS
ANNY ANNY ANNY ANNY ANNY ANNY ANNY ANNY	13a S	Id.	FIN HURSING HOME		13c. CITY OR TOWN		13d INSIDE (I	TY LIMITS? 13e, ST	REET ADDRESS		0000	00
ORE, MD. CDEATH IF CORES 1, 2, 2, 2, 3M PM 3 TAND TAND TAND TAND TO THE PROPERTY OF THE PROPE		George	Hatto EVER IN U.S. AR	MIDDLE MIDDLE	LAST	OLA VII		R'S MAIDEN NAM	MIDDLE ADDRES		LAST	
BALTIMORE. RRS AFTER DEA S. GIVE PAGES WITH FORM P F. PAGES I AN DIVISION OF W	{Y	no, or unknov	(IF YES, GIVE	E WAR OR DATES)	228-48-		1		-7902 Mar		Phala PPROXIMATE	-
201 W. PRESTON ST. UTED WITHIN 24 HOU. UTED WITHIN 24 HOU. EXAMINER ALONG 18.1AL TRANSIT PERMIT ON, OR REMOVAL.		Conditions gave rise cause (a): lying caus	ITH WAS CAUSE IMMEDIA , if any, which ta immediate tating the <u>under-</u> e last.	DUE TO, OR (b) DUE TO, OR (c)	terioscler as a consequenc as a consequence	OF		(C)	Disease		BETWEEN ONSET	AND DEATH
RECORDS, LD BE EXEC PENDING, MEDICAL O AS A BUR HEALTH ANI CREMATIN	TION	PART 2 DINER SIG			BUT NOT RELATED TO THE TE							
	CERTIFICATION	210 EXTERNAL		21b. TIME OF	ION FOR WHICH OP					N.	20 AUTOPSY?	NO [X]
DIVISION OF VITAL THIS CERTIFICATE SHOU E. WRITING THE WORD RWARDED TO THE CHIEF F. PAGE 3 SHOULD BE USE TATE DEPARTMENT OF H. 7, 21201 PRIOR TO BURIAL	MEDICAL CE	UNDERLYING	OR G CAUSE OF	DEATH P.M	MONTH DAY YE	AR	CATION	OCCURRED (ENTE	NATURE OF INJURY IN ITEM 1:	3 PART 1 OR PART	2)	
WAN WAL	WEI		NOT WHILE [ORY, FARM, ETC.)		STREET		CITY OR TOWN	COUN	Ν	STATE
LEXAMINER OF THE CERTIFICATION OULD BE FOUND BE FOUND BE FOUND BE FOUND BE FOUND THE FOUND OF TH		226. I certify death resulted ACTUAL SIGNATURE		ge of the remains des	cribed abave, held an	Autop	, Hamici		termined manner	nd in my apir , DATE SIGNED	2/20	/86
O MEDICA XECUTE II: AGE 4 SH O FUNER FITER DEA!		EXAMINER'S N (TYPE OR PRIN	r) <u>G</u> r		Kauffman,				enn St.			
07/84 BP	(5	Buri		3-2-86	Shilo			Pa	inter Acc		-	TE
DHMH - 17 (VR A15 ME (5))	K	eth	Whan	Ton Acc	omac, Va.	2330	01 (MAK 2	Y REGISTRAR 256 REG		SNATURE	

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		1	500			OF MARYLAND			2 2 A A
0450	63	1	FOR STATE REGISTRAR	DE		EALTH AND MENTAL	HYGIENE 6	REG. NO.	4 3 % 0
ge ge	£ 0		CEASED NAME FIRST	WIDDLE	M	colina Jr	2g DATE OF D		H DAY YEAR Zb. HOUR
ge 4 mo) ector, po	rs offer d	3. SE	× Male	1 RACE White	5. DATE O		VI/	RS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS
eath. Po		7a B	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8. MARRIE WIDOWE	NEVER MARRIED			UNTY OF DEATH
The state of the s	15		altimore, Md	11. NAME OF HOSPITAL, N UF NOT IN SUCH FACILITY, GIVE POOL Sama		ROTHER INSTITUTION	(TYPE OF WORK F	CCUPATION OR MOST OF WORK	(ING LIFE) 126 KIND OF BUSINESS OF SUPERINTENDENT
AND 212	逐	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	ITY 135 CITY Q	E BEFORE ADMISSION)	13d. INSIDE CITY LIMIT YES MO	291	DDRESS EN	arthur Parkway
MARYL ed withi	b	14. F	ATHER'S NAME	Mate	olina	15. MOTHER'S MAIDER		WIDDIE	Bowles
TIMORE,	Poges		WAS DECEASED EVER IN U.S. AR/ YES, MO OR UNKNOWN) (IF YES GIVE	WAR OR DATES)	1 SECURITY NO. 8-2630	Mrs. Ann	P. Marcol	ADDRESS ina Sam	ne as # 13e
TON ST., BAL oth certificate	corbonpaper n, or removal. matic event, th			y one couse per line for (0), O BY; E CAUSE (0) DUE TO, OR AS A CON	re/list	integ a	nest	1-+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ### ### ############################
on W. PREST s that the dead ed by the atter	please remove irial, crematio , or other traus		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost		terin En		ud arry	Signatur	486
ORDS, 2	or to buy	TION	PART 2 OTHER SIGNIFICANT C	Torbid Obes	the				
The low cion.	giene pri	CERTIFICATION	2 10 86	Posterá	Gutus			10 IN C	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: ng physical certifical	entol Hygin	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF ETTHER NOTIFY MEDICAL EXAMINER)	P.M.	H DAY YEAR	21c. HOW INJURY OC	CCURRED ENTER NATU	re of injury in ite	M 18 PART 1 OR PART 2}
NG PHYSION offer this co	th and M	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	OFFICE, FARM ETC.)	211 LOCATION STREET	. /	CITY OR TOWN	COUNTY STATE
ATTENDI spital oc	a for use r. of Heali n 21 is ma		22a I certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not		_19		nion death occurred	on the date and	, 19 10 , that (It (we) last dhour and from the couses stated
TAL OR A	deroche tote Dep		226 SIGNATURE	4.76MD			MEDICAL DIRECTOR	STAFF PHYSICIAN [2/10/86
0 0 5	with the Sto		JUM LIVE OF	· W		9000 Sam	in Roven DI		Building Suite 104
	v > %!	230	BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	METERY OR CREMATO	ORY 23d LOCATI	ION	COUNTY STATE
BP			Burial	2-14-86	School	field	Dan	ville,	Virginia
DHMH - 16 5 (VRA 15	OM 1/B1 i, 4)	24 F	JNERAL DIRECTOR	Ruck Tro	Ress Himom	250 Ma	FEB 11 TE	86 Jul	GISTRAR'S SIGNATURE

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038094	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENS 6	0 4	5 6	4/
1 1 3	1.06	ALICIA	dicia MIDDLE Gaby	rieal	AST Marion RION	2a. DATE OF DEATH	MONTH DA	VEAR 86	10 15 PM
	1 St	EMBLE	CAUCASIAN	5. DATE C		6 AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
135	0	RTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTR	Y? 8 MARRIE WIDOWE		BALTIMORE CITY O	R COUNTY C	OF DEATH) MD
131	PS	TIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI MERCY 1408P		OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O			OF BUSINESS OR
自動影		RESIDENCE (IF MURSING HOME OR STATE 136, COUN			134 INSIDE CITY LIMITS? YES NO 😡	13e STREET ADDRESS		ANE	121014
11/2	2"		MIDDLE MARIO	N	BETTY BETTY	ME MIDDLE LOU		1200x3000	Stanley
260 2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIV	MED FORCES? 16b SOCIAL SE		David Wayne M	arion, 529			21014 SelAir.Mo
physics copper mostly		PART I. DEATH WAS CAUSE	nly one couse per line for 10 , (b), D BY: TE CAUSE (a) CARM		MONBRY A	RREST			IMATE INTERVAL ONSET AND DEATH
death ce prending over corbo front or n over-ofice		Conditions, if any, which	DUE TO, OR AS A CONSECT	DUENCE OF MEMI	SPANE ONSEL	184_		4 d	lays
that the core remain of, contra c other to		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECULATION OF THE PREMATE		1			4d	'ays
m signer Then plant of to bury, o	ATION	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
1 11 11 11	CERTIFICAL	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDIN	NGS USED OF DEATH?
Day of philosophic and the	CAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM TO PAR	IT I OR PART 2)	

216 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a 1 certify that (1) (this hospital) attended the deceased from 1 - 30

and that in (my) (aur) apinion death accurred on the date and havi and from the causes stated DEGREE 22c. DATE SIGNED

M.D MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 22e ADDRESS

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

236 LOCATION CITY OF TOWN

STATE

24 FUNERAL DIRECTOR

Church of Nazarene Cemetery Bol Feb.5,1986

DHMH - 16 60M 7/B4 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

_	FOR
1	STATE
	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	4	j	4	3

5039	1-	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.									
74 8		CEASED NAME FIRST OR PRINT)	lna.	М.	Marsh	20 DATE OF DEATH MO	2 6 86 9 P.1					
od other de	1. SE	Female	4 RACE	40	e OF BIRTH	AGE THY ARS LAST BIRTHDA	MONTHS DAYS HOURS A					
72 hour		RTHPLACE (STATE OR FOREIGN aryland	76 CITIZEN OF WHA	MARR	RIEDXX NEVER MARRIED	- Dolldan						
11 00	0 CI	Baltimore	(IF NOT IN SUCH FACE		(Home)		12b. KIND OF BUSINESS					
門板	13a S	at residence (if nursing home state aryland	UNTY 13c.	RESIDENCE BEFORE ADMISSION CITY OR TOWN Altimore	13d. INSIDE CITY LIMITS	3613 10th S						
	14 FA	John	WIDDLE	Johnson	15 MOTHER'S MAIDEN	ence	tast					
Popular Popular Popular		VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	SOCIAL SECURITY NO 13-10-1864		ADDRESS Domis 2913 Fre	21227 eway, Balto Md					
gned by the otheriding et please tensor soils burial, cremotion, ar- ury, or other froundist	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR S		A.S.C.V	P.	ION GIVEN IN PART I 10					
Service of the servic	THEATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERAT	ION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH					
Certificate Certif	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. P.M.	MONTH DAY YEA	AR 9	CURRED (ENTER NATURE OF INJURY IN	IITEM TE PART I OR PART 2}					
of the bu	MED	21d INJURY OCCURRED		ACTORY, OFFICE, FARM, ETC	21f LOCATION STREET	CITY OR TOWN	COUNTY STA					
RECTOR.	1	220 1 certify that (1) (this have the deceased alive above, (1) (we) (did) (did) 22b SUCPATURE	on 1/10/8	1	and that in (my) (our) ope	nion death occurred on the date	ond hour and from the couses state					
0000		Secto, M	telen	1	ATTENDIN PHYSICIA		- 1-121					

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 2/10/86 Burial

Meadowridge Mem Pk

23d LOCATION
CITY OF TOWN
Baltimore

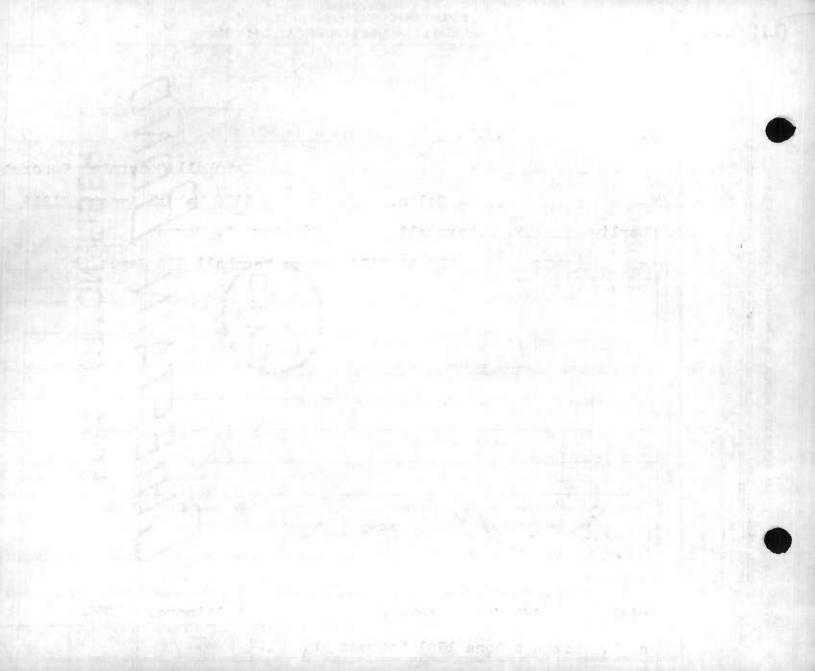
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deorge J. Gonce 4001 Ritchie Hgwy Balto Md

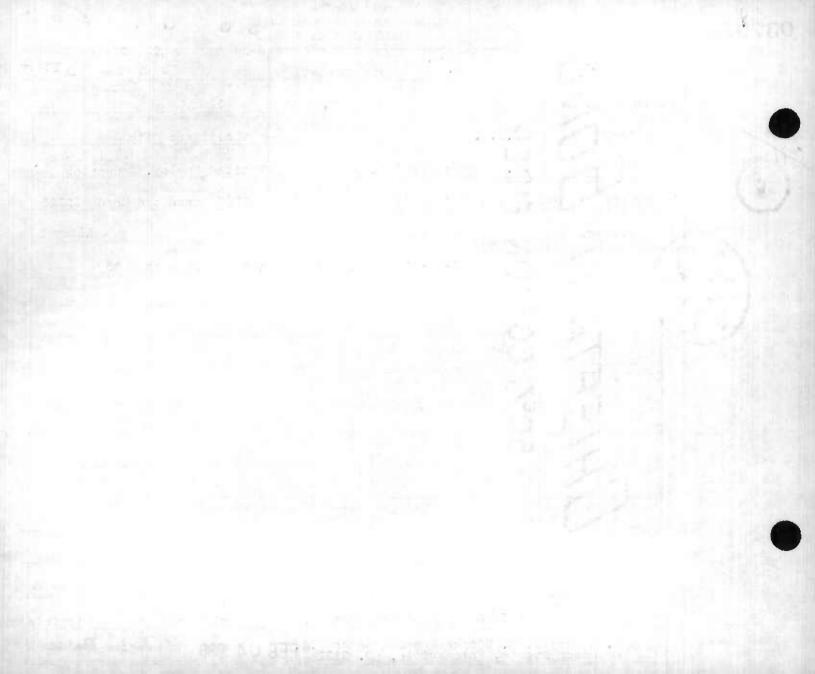
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	042036	V17	REGISTRAR			MED	ICAL	EXAMI	VER'S	CERTIFIC	CATEO	PDEA	fH .	REG.	NO	0.00		
	(7/		CEASED NAMI	FIRST			WIDDLE			LAST				KNOWN		ATH DAY	Y YEAR	26 HOUR
	w	{TYP	E OR PRINT)	011					24-		T		OF	F211-				
	\$9559E	5. SD		Charle	_	DIDYLL		A CE VIII		rshall		0.1100		MATED	MON		6 19 86	
	ADA SE	2.30		4 RACE	5 DATE OF	DAY	YEAR	LAST BIRTH		THE DAYS	IF UNDER		PRONOU		MON	III DA	TEAK	12:30
	87884	M		Black	10	25	15		rs.				DEAL	D		2 (6 1986	a M
	かるこまり		RTHPLACE (S	I ATE OR	76. CITIZEN	O. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY							UNTY OF	DEATH				
	25 5 5 J		a.		TT.	U.S.A. WIDOWED DIVORCED Baltimore City,							MD					
	SEN BY		TY OR TOWN	OF DEATH		NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS							USINESS					
	A TOPER	D	31+imov		(IF NOT IN	SUCH FAC	ILITY, GIVE S	REET ADDRESS	7			FORM	OST OF WO	RKING LIFE)		(OR INDUS	TRY
	BEZING C		altimor	(IF IN NURSING HOME O				Hospi				ICam	pbe.	LI C	oncr	elte	Co	ncret
	8 20450		TATE	136 COUN		11014, 0146		ORTOWN	ioni	134 INSIDE CI	ITY LIMITS?	13e STRE	ET ADDR	ESS				
	76、张学规程度(2		d.				Ba	Ito.		YES	NO 🗆	532	O Wa	abas	h Av	enu	e 21	215
	W CANADA	M. EZ	THER'S NAME		MIDDLE			LAST		15. MOTHE	ER'S MAIDE	NNAME		MIDDLE			LAST	
	# 505300	V	Charl:	ie	E.	Ma	arsh	all		Mì	ssour	ri A		arve	V			
	O BANGEY			DEVER IN U.S. ARA	MED FORCES	?		IAL SECURI	TY NO.	17. INFORA	TAAN			ADDRE		rac	1158	N.Y.
	E EASTERS		ES, NO, OR UNKNO	WWT			218	18 8	2671	Geor	co Ma	arch	a11	770				** * * *
	S SOESS	H	18 CAUSE O	F DEATH (Enter onl		ner line f			74.74	ICCOL.	ge rie	AL OIL		770	Odi		APPROXIMA	TE INTERVAL
	TE SECTION ST		PARTIDE	ATH WAS CALISED	NRV.				1 +	rauma	: +b	comp	1 3 00 4	Liona	350	88	TWEEN ONS	ET AND DEATH
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	A TANK TO A	/	Condition	ns, if ony, which	000	10, OK 2	S A COL	12EQOE14CE	Oi							400		
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	SE EXE				(c)													
	L RECORDS, 201 W. PRESTO JUD BE EXECUTED WITHING "PENDING" IN PENCIL INT F ARDICAL EXAMINER AL ED AS A BURIAL - TRANSIT HEALTH AND MENTAL INT AL, CREMATION, OR REMON	7	PART 2 OTHER SI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										1000				
	AS A SALTH	CERTIFICATION	19c. DATE OF	OREDATION														
	DIVISION OF VITAL RETAINED OF VITAL RETAINED THE WORD "PERMANED TO THE CHIEF MARCED TO THE CHEEF MARCED AS SHOULD BE USED A TATE DEARTMENT OF HEAD OF THE PRIOR TO BURIAL, OF THE PRIOR TO BURIAL TO BUR	\ <u>\delta</u>	IVE. DATE OF	OPERATION	196. 0	CONDITI	ON FOR	WHICH OPE	RATION	WAS PERFOR	WED?					20	AUTOPSY	(?
	¥ \$89555	1									(3.0)						YES X	NO 🗌
	DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." ROED TO THE CHIEF E 3 SHOULD BE USE E DEPARTMENT OF H OF PRIOR TO BURIAL			L CAUSE WAS		JR XXXX	MONTH	DAY YEA	21t.	HOW INJURY	OCCURRED	D (ENTERN	ATURE OF IN	JURY IN ITEM	1 18 PART 1 O	R PART 2)		
	S SHOOTS	MEDICAL	CONTRIBUTION	OR NG CAUSE OF D	EATH 7:	24.M.	2	2 19 8	1	Driver	ina	uto/a	auto	impa	ct			
	A SERIER I	ā	21d. INJURY C				F INJURY		21f. L	OCATION	TO COMP	Act in T						
	VARIE CON STATE OF ST	E	WHILE AT WORK	NOT WHILE X		oad	RY, FARM, E	rc.)	Rt		Patt	erco	CITY OR TO			COUNTY	lto	MD.
	DIV E, THIS GE FE, WRITI RWARDE PAGE 3 STATE DI						2012		1 2 2 3									TID.
	#355 #30 P			fy that I taak charg	T	V	/	-E3	Auto	psy K.	Inspection		Inquiry		ond in m	y opinion		
			death result	ed from: Natur	al causes	9/1	Accident	AA PE	meids	Homic	ide L	Undete	rmined m	onner _	١.			
	2500 E		ACTUAL A	1000000	MLS	41.	10 6	Tom	()	TITLE (S					DA	TE		
	BICAL TITTHE A SHO NEBAL DEATH NOSE		SIGNATURE,	reccu	CV	100	regg	1.1	1	M.D. ASS	sistan	IT MEDI	CALEXA	MINER	SK	SNED_	2/6/	86
	# 4 # 5 8 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		EXAMINER'S	NAME -			//				111 n			D 31	MD			
	A STEEL OF S			NAME Dennis		mytn					111 P			Balt	O.MD	•		
	EDSE48	23a. B	JRIAL, CREMA	TION, REMOVAL 2		0.0	1			OR CREMATO	ORY		CATION			bMuoo		STATE
	07/84 BP		urial		2/10/	86	A	rbuti	ıs			Tall the same of the		more				
	25M DHMH - 17		JNERAL DIREC			ADDRESS	YUN				250. DATE R	EC'D. BY	REGISTRA	AR 256 RE	EGISTRAR AL KUWI	SSIGNA	TURE	Man
	(VR A15 ME (5))	J	as. A	. Mortor	1 & S	ons	170	I Lav	iren	s St.	1.00	101.	1986	9	- Jan. 6			TO ALL



DHMH - 16 60M 7/84 (VRA 15, 4)



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

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						SIAII	UP MAKILA	INU		-	43		
	1	FOR STATE			DEPAR	TMENT OF H	EALTH AND	WENTAL HYGI	ENE 6	0	4 3 ~	,	
	1.	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	10			
		CEASED NAME	FIRST	M	IDDLE	l.	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
	{TYPE	OR PRINT)	EVELY	N. 1	T.	MA	RSHAL	,		7	28 86	12:44PM	
	3 SE)	(- VELY	RACE		5. DATE C	E BIRTH	_	6 AGE (IN YEARS LAST B	RIHDAY	IF UNDER I YEAR	IF UNDER 24 HRS	
	3 567	FEMALE.		1 /		MONTH	DAY	YEAR	11	,	MONIHS DATS	HOURS MIN.	
		1 /24-1-1-		NH		11	04	19	66	YRS.			
Z		RTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF V	VHAT COUNTRY	MARRIE	NEVER A	AARRIED -	9 BALTIMORE CITY	DR COUNT	TY OF DEATH		
-		aryland		US	5/4	WIDOWE		VORCED 🗌	1salfin	198	Cody	MD.	
-	10 CI	TY OR TOWN OF DEA	TH (11	I. NAME OF H	OSPITAL, NURS	ING HOME C	R OTHER INST	ITUTION	120 USUAL OCCUPATION OF WORK FOR MOST		12b. KIND O	F BUSINESS OR	
5	12	Saltur	WETE S	SOUN	Bal	40.4	en. h	185D.	Supervis		LIFE) INDUSTRY	I.V.	
1	USU/	AL RESIDENCE (# NUS)	13b COUNT	HER INSTITUTION,	SIVE RESIDENCE BEFO	DRE ADMISSION	101 010000	77			0.5		
-	200	aryland	Control of the second		Baltin		13d INSIDE C	NO []	139 W. Ran	dalf	St. Balto	.Md.2123	
	-	THER'S NAME						MAIDEN NAM	NE .				
	100	Harry	MIE	DOLE	Ileaf			Lillian	MIDDLE		Rhan	1	
-	160 10	VAS DECEASED EVER	IN II S A PAAF	D FORCES?	16b SOCIAL SEC		17 INFORMA		ADDI	PESS			
H		(ES, NO OR UNKNOWN)	(IF YES, GIVE V								as show	7.0	
۳		MOT			218-07-2017 Mr.Carroll L.Marshall, Sam								
		18 CAUSE OF DEATH PART I. DEATH W.			ine for (o), (b), o	and (c+)					BETWEEN	MATE INTERVAL ONSET AND DEATH	
	1.5	PARTI. DEATH W.											
		DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if ony,	which		JULT SY		DREAM	FAIL	URE				
	gove rise to immediate couse (a), stating the DUETO OR AS A CONSEQUENCE OF											6.00	
		underlying couse	lost	1	A DENOCAL		A OF	THE CO	MMON BILE	Duce	-		
		DART 2 OTHER SIGN	HEIC ANIT CO		-				NAL DISEASE OR COM				
	Z	Sed	an inchite co	C -	A .	225	TI I	TO THE TERMI	IVAL DISEASE OR COI	4DITION G	FIVER IN PART IT	,	
	ATIC	190 DATE OF OPERAT	ION	JHOC/	ION FOR WHIC	HOPERATIO	LI WAS DEDEC	DAAED .	200 AUTOPSY?	286 IF Y	ES, WERE FINDIN	ICS LISED	
/	CERTIFICATION	9 /	06	Cas	1 in 00	1		1.11	/	IN CERT	TIFYING CAUSES	OF DEATH?	
	RTI	210. ACCIDENT WAS UND	80	21b. TIME OF	LUNG	mayo	MANGE	HURY OCCURRE	YES NO		YES 🗌	ио 🗌	
0		OR CONTRIBUTING C			A. MONTH		TICHOWIN	JURY OCCURRE	ED (ENTER NATURE OF IN)	URY IN ITEM 18	B PART 1 OR PART 2)		
1	CAI	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P.A		19							
	MEDICAL	21d. INJURY OCCURR		21e. PLACE C	ET, FACTORY, OFFICE	FARM ETC 1	211 LOCATIO	N	CITY OR T	OWN	COUNTY	STATE	
	~	AF WORK NOT WHI	ILE					,			,		
	13	22a. I certify that (I)	(this hospital) ottended the	deceased from	-7	3-81	7 19	_, to	26-	. 19	that (I) (we) last	
		saw the decease above, (1) (we) (d	d olive on_	9 - 9	7- 19	, or	nd that in (my)	(our) opinion de	eath occurred on the o	date and ha	our and from the	couses stated,	
		22b. SIGNATURE	O .	view the body c	L deom.		DEGREE				226 DATE	SIGNED /	
		1	·K·	Sun	& ara		MD A	TTENDING IT	MEDICAL STA	FF	2/	2.8/8/	
		22d. PHYSICIAN'S NA	ME (TYPE OR P	RINT) /	7.00	,	22e ADDRES		DIRECTOR PHIS	CIAIN		700	
		11.12	.01	INKI	IRA.		1111.	well	Lam A	900	lilan	R. Luis	
-	00	ur		77 0-7	1/\/		1,4/		Januar	1	fun	ewinu	
		SPECIFY)		23b. DATE			EMETERY OR		23d LOCATION		COUNTY	STATE	
		Buri	al	3/4/86			Park		Baltim		Maryla		
		JNERAL DIRECTOR	PLT		ADDRESS	21	230	250. DATE	REC'D. BY REGISTRAL	256 REGIS	STRAR'S SIGNAT	URE	
	M	cCully Fun	eral H	ome, 130	E.Fort	Ave.E	Balto.Me	AM	R 5 1986	Guna	Davidson-1	jandett.	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR Arthur Earl Martin REG. NO I DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 H September 1. 1912 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Mechanic Auto 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 307 Townsend Road 21221 15 MOTHER'S MAIDEN NAME MIDDLE LAST Winnie Anderson 17 INFORMANT ADDRESS Mae Martin (same) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 F YES, WERE FINDINGS USED 200 AUTOPSY? CERTIFYING CAUSES OF DEATH? NO. YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211. LOCATION COUNTY CITY OR TOWN STATE and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated DEGREE 221 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIANA 22e ADDRESS

Belair Mem. Gardens

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

057005

uzdzinski Fumeral Home PA 1407 Old Eastern Ave

2/25/86

Belair, Hardford Co. Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,

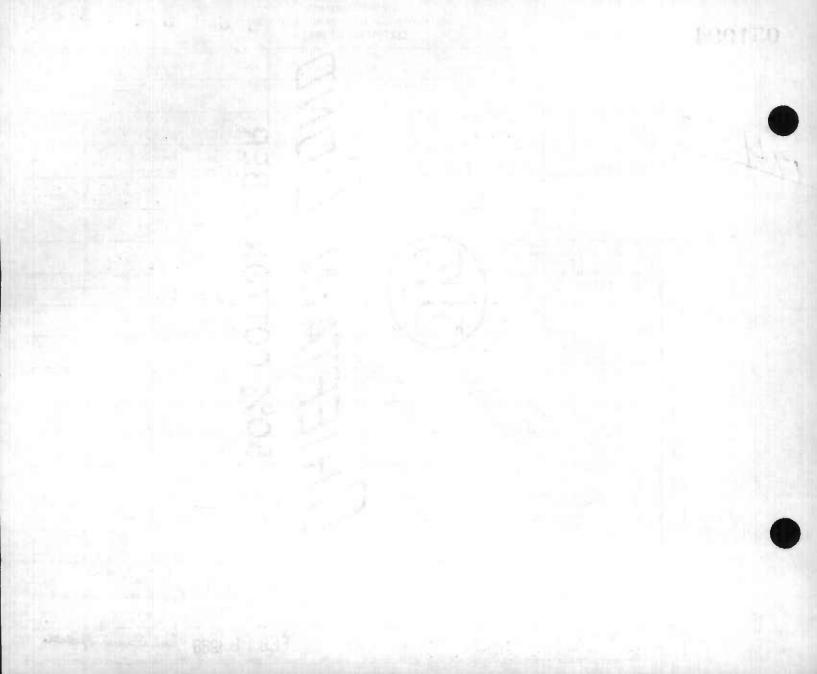
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	0	4	C	5	
-					

		REGISTRAR				CERTIF	ICATE OF	DEATH	REG. N	0.			
		EASED NAME	FIR51		MIDDLE		LAST		20 DATE OF DEATH	MONTH I	DAY YEAR	26 HOU	R
	(1111)	Charle	es	Ve	ernon	M	artin	Sr.		2/12/	1986		М
	3 SEX	(4 RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER	24 HRS MIN.
		ıle		Black		3	28	1931	54	YRS			
1		RTHPLACE (STATE OR I	FOREIGN		WHAT COUNTRY	MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY C				
2		~yTand		U.S.A		WIDOWE	D []	ONORCED [Baltimo				MD.
		TY OR TOWN OF DEA	ATH		HOSPITAL, NURS		OR OTHER IN	STITUTION	TYPE OF WORK FOR MOST		126 KIND O E) INDUSTRY	F BUSINE	SS OR
1		altimore			ent Hosp				Ret.fire f	ighter	1	1 20 1	
1	13a S		136 COUP		134. CITY OR TO		13d INSIDE	CITY LIMITS?	Rd. Baltim	ZIP CODE	3507 1	ynch	este
1	Mar	ryland			Baltimo	re	YES X	NO []		ore, M	10. 212	215	
^		THER'S NAME		MIDDLE	LAST		13 MOTHE	FIRST	WE		LAS	r	
ď	-	AS DECEASED EVER		emp	Mar		17 1015004	Frances	ADDR	cc	White		
	(Y	ES, NO OR UNKNOWN)	I IF YES GIV	E WAR OR DATES)	J. 20		17 INFORM		3507. Lynd	chester	Rdor		
	Ye		<u> Kore</u>		215-24		<u>Judit</u>	h S. Mart	in baltimore	e, Mu.		AA A TE BUTED	N/A1
		PART I. DEATH W	H Enter an	ly ane cause per D BY	line for ta , (b), o	and ic	ESPI	00000	20 ARRE	-07	BETWEEN	MATÉ INTER	DEATH
		IMMEDIATE CAOSE (0)											
				DUE TO, O	R AS A CONSEO	UENCE OF	0010	1 an	MARITI	m n n			
		Conditions, if any, gave rise to imm		(b)	MY	TOU	DUF	1 1	PARCTU	J/ V			
		cause (a), statir underlying couse		DUE TO, O	R AS A CONSEO	UENCE OF							
		DARKS OTHER SIGN	NIEIC ANIX	(c)	ONITEDIBLITING TO	O DE ATH BUT	NOT DELATE	D TO THE TERM	INAL DISEASE OR CON	DITION OR	(5) 1 10 10 10 7 1		
	N	PART 2 OTHER SIGI	NIFICANI	ONDITIONS CO	JNIKIBUTING TO	J DEATH BUT	NOT RELATE	D TO THE TERM	IINAE DISEASE OR CON	DITION GIV	EN IN PART TO		
1	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	20s AUTOPSY?	20b IF YES	S, WERE FINDIN	NGS USED	5
7	IFIC	1 1 1 1 1 1							YES T NOT		YING CAUSES	OF DEAT	
)	CERT	21a. ACCIDENT WAS UN	DERLYING [21b. TIME O			21c HOW	NJURY OCCURE					
1		OR CONTRIBUTING		CIN .	M. MONTH	DAY YEAR	10.5						
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCAT		CITY OR TO		COUNTY		TATE
	W	WHILE NOT WE	HILE	(AT HOME STE	REET FACTORY OFFICE	E FARM ETC)	STRE	ET	CITY OR IC	WN	COUNTY	5	IAIE
		22a. I certify that		tal) ottended th	e deceased from	2	112		to		19	that (l) (v	we) last
	-14	saw the decease	ed alive an	t view the bady	after death	, o	nd that in (m	(aur) apinion	death occurred on the d	ate and hav	and from the	causes sta	ited
		226. SIGNATURE	200	- O)	uner deam		DEGREE		Tuberta out		22c DATE	SIGNED	
		Coll	COL	224 9	ely	MI	2	PHYSICIAN L	MEDICAL STA	FF			
		22d. PHYSICIAN'S N	AME (TYPE C	R PRINT)			22e ADDRI	SS CAR	an 5-2 h	Br	1. 180	0	
		2. pm	PA.	Her !	GAM		20	KADRO	12 2123	9	1	7	
	230 B	URIAL, CREMATION,	REMOVAL	23b DATE	230	NAME OF C	EMETERY OF	CREMATORY	23d LOCATION	-	U CURET		TAYS
		Burial		2/18/1	986 D	ulanev V	alley M	emorial Pl	4111 4111 1411	Ra	altimore	Mc	J.
ľ	2 NEH	tter & sons 1	Funeral	Home, In	C. ADDRESS				E REC'D. BY REGISTRAR	25 PREGIST		PENDLE	L
	250	01 Gwynns Fa	lls Pkv	y. Balti	more, Md.	21216		re	B 1 8 1986	June	ANTHON -		1

DHMH - 16 60M 7/B4 (VRA 15, 4)

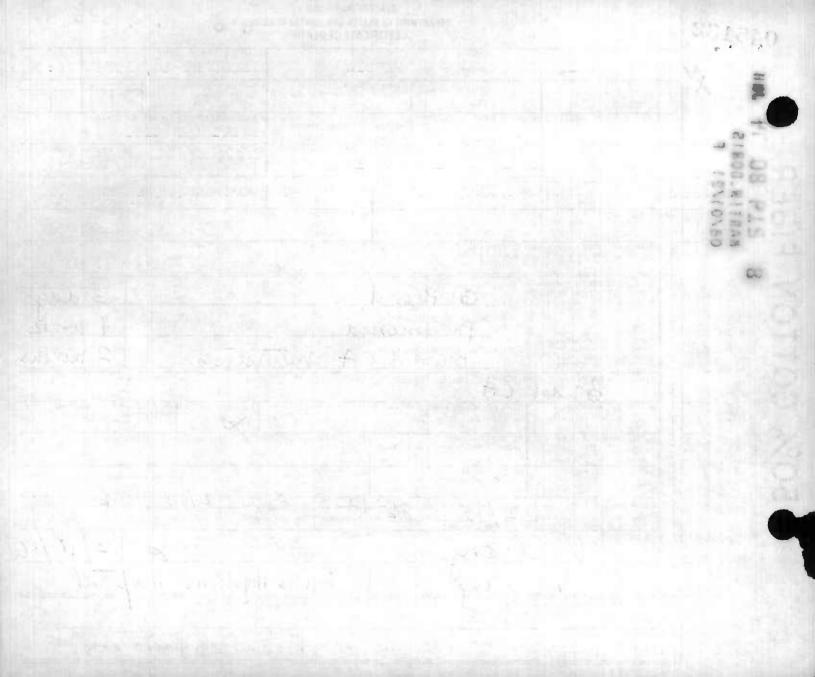


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 MDING PHYSICIAN: The FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

REG. NO.

	I. DE	CEASED NAME FIRST	MIODLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	2h HOUR
De	TYPE	OR PRINT DORIS	Α.	MAR	TIN	FEBRUARY	10, 1986	10:00 _M F
X	3. SE	(4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS
la-AX		Female	Cau.	8 NONTH	1 21	64	YRS.	MIN.
(e)		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D X NEVER MARRIED	9 BALTIMORE CITY OR		
10		Va.	U.S.A.	WIDOWE	D DIVORCED	BALTIMORE	CITY	MD.
200	1	TY OR TOWN OF DEATH	JOHNS HOPE			120. USUAL OCCUPATION OF Cashier	WORKING LIFE) 126. KIND C INDUSTRY Sea	OF BUSINESS OR
$\geq -$		AL RESIDENCE (IF NURSING HOME O			LTIVO	Casillel	Jea	
23	13a S	TATE 136 COL		OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 125 Virgini	zip CODE a Ave. West	24179
11/10	15 FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE		
0/		Orem		Austin	Cinda	Mode	Chee	twood
1/2		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRES	S	
10	93	no		-16-5248	Melvin N. Man	rtin 125 Vir		
£ #	1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for to	i, ib, and ic	1		BETWEEN	CHSET AND DEATH
ever			ATE CAUSE (o) G	B1000			3	day
notic			DUE TO, OR AS A CO				1	0
roor		Conditions, if ony, which gove rise to immediate	(16) The	umon	ia			week
her	3	couse (a), stating the underlying couse last.	DUE TO, OR AS OCO	NSEQUENCE OF	CA Month	astases	2	months.
	8		(c)	reast				mura ms
7.	Z	PART 2 OTHER AGNIFICANT	CONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 1	a
7	ATIC	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDI	NGS USED
	CERTIFICATION					YES NOT	IN CERTIFYING CAUSES	
	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR			
1		OR CONTRIBUTING CAUSE OF O		IH DAY YEAR				
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	1	211 LOCATION	CITY OR TOW	IN COUNTY	STATE
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTOR)	r, OFFICE FARM ETC)	STREET	- /	0/	STATE
	6	22a 1 certify that (1) (this has	oital) attended the decease	d from 012	19 86	2,10_2/1	0 1900	that (I) (we) last
-		saw the deceased alive a above, (1) (we) (did) (did)	ot) view the body ofter deat	h. 19_00 or	nd that in (myl (aur) apinion	death accurred on the dat	e and hour and from the	couses stated
		226 SIGNATURE	01		DEGREE		100000000000000000000000000000000000000	AIGNED /
		V.	Chang		ATTENDING PHYSICIAN	MEDICAL STAFF		10/86
1		22d. PHYSICIAN'S NAME (TYPE	Cl. as		270 ADDRESS	Honkins	Hosbita	0
1	23a B	URIAL, CREMATION, REMOVA	Jih DATE	123c NAME OF C	EMETERY OR CREMATORY	230. LOCATION	N	-
	Ci	specify) cemation	2-12-86		ount Cem.	BAITO.	COUNTY	Md.
7/84	24. FL	INERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR 2	SE REGISTRAR'S SIGNA	TURE
7/284		John C. MIller	Inc. 6415 Be	läir Rd.	FEI	8 1 3 1986 4	white state of a	AT SALES



050024	1.	FOR STATE REGISTRAR				STATE OF MAI T OF HEALTH A ERTIFICATE (ND MENTAL HYG	2 0	G. NO.	1 5 5	5
033641		CEASED NAME	FIRST	MIDDLE		LAST		20 DATE OF DEA		AY YEAR 2b	. HOUR
y be	7		TEEN	G	N	ARTIN		FEBRU	ARY 12	1986	8:05
ar. po	3 SE	(4 RACE	5.	DATE OF BIRTH	AY YEAR	6 AGE IN YEARS LA	M		UNDER 24 HRS
s o cho		Female		White		3	7 1940		45 yrs.		
1 30 86		RTHPLACE (STATE (OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY?	ARRIED MEN	VER MARRIED	9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
1/100			ld.	USA		IDOWED .	DIVORCED [TMORE C		ME
1 (1)	100	TY OR TOWN OF D	EATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY,			INSTITUTION	120 USUAL OCCU	JPATION OST OF WORKING LIFE	126. KIND OF B INDUSTRY	USINESS OR
O Sale	B	ALTIMORE		JOHNS H	OPKIN:	HOSPI	TAL	Hw	f		
9235	13a. S	Md.	13 COUN		y or town		DE CITY LIMITS?	13e STREET ADDR	ess/zipcode MArshal		.074 Rd.
Ci well	JIA FA	THER'S NAME		MIDDLE	LAST	15 MOTH	HER'S MAIDEN NA	ME	DIE	LAST	
131000	1	-d ga r		A. Gi.	11. Sr		Carol va	Miles) (E	Shock	
-3/	Ida: V	VAS DECEASED EV		MED FORCES? 166 SO	CIAL SECURITY			A	DDRESS		
	L.	no	(IF YES, GIV	212	-40-7	458 Mr.	Joseph	R. Mar	tin, Ha	mpstead	d, Md
10.55		18 CAUSE OF DE	ATH (Enter an	ly ane cause per line far i	a), (b), and (c)	.)	1			APPROXIMAT BETWEEN ONS	TE INTERVAL
1 1211		PART I. DE ATH		D BY: E CAUSE (a)	C	MAGE 1	Arrest			15.	min
h ce nding or i				DUE TO, OR AS A C	ONSEQUENC	OF					
deor ton, ton,		Canditions, if a		(1b)	Ser	ve Isc	heme -	Hert Dis	132	5 V	CNS
that the by the case remains of cremo	\$	gave rise ta i cause 101, sto underlying cau	iting the	DUE TO, OR AS A C	ONSEQUENC	of	Mellator	3		man	yew:
gned n ple bund ry, o	_	PART 2 OTHER SI	GNIFICANT	ONDITIONS CONTRIBU	TING TO DEA	H BUT NOT RELA	ATED TO THE TERM	INAL DISEASE OR	CONDITION GIVE	N IN PART Ira	t
The rinju	CERTIFICATION	Tovend	le on	sof Disperse	s Re	J Feriler	- Pesa	intry Fer	live		
s be	₹	190 DATE OF OPER	RATION	196. CONDITION FO	R WHICH OPE	RATION WAS PE	REFORMED	200 AUTOPSY?		WERE FINDINGS	
The iction.	#	/16/8	(Jo	Unsfilele	- Augi	m		YES NO	1		NO 🗆
hysicie ficate fransif Hygie		OR CONTRIBUTING	-			YEAR 216. HO	W INJURY OCCURE	RED (ENTER NATURE O	FINJURY IN ITEM 18 PA	RI I OR PART 2)	
SICL, ng p	S	(IF EITHER NOTIFY M	EDICAL EXAMINER	P.M.	- 94.0	19					
offending street this street the burner would work wheelight	MEDICAL	21d. INJURY OCCU	JRRED WHILE	21e. PLACE OF INJUI		ETC) 21f LOC	ATION STREET	CITY	OR TOWN	COUNTY	STATE
A AF ON Se o Se o Man Se o Se		220.1 certify that	(1) (this haspi	tal) attended the deceas	ed from	18,26	19.85	, to	1/12 1	9 36 tha	it (1) (we) last
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Eline Funeral Home, Hampstiead, Md. 250 DATE REC'D BY REGISTRAR'S SIGNATURE

Ball to Md.

45130	L	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 4 5 5 6									
± 3		CEASED NAME FIRST ARTHUR	, F	MARVEL	20 DATE OF DEATH MONTH DA	1 86 9:10 am						
7	2.58	M	4 RACE	S. DATE OF BIRTH MONTH DAY 10 25 1911		FUNDER 1 YEAR IF UNDER 24 HRS. DNIHS DAYS HOURS MIN.						
	M	IRTHPLACE (STATE ORFOREGON COUNTRY) ATYLAND ITY OR TOWN OF DEATH ALTIMORE	7b. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURS IN (IF NOT INSUCH FACILITY, GIVE STREET STAGES	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	Baltimore City Baltimore City 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	MD. 17b. KIND OF BUSINESS OR INDUSTRY						
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the hospital or attending physician. 1. DIRECTOR, After this certificate has been stacked for use as the burial-transit permit. The Copt, of Health and Mental Hygiene priorite. If them 21 is marked or them 18 stacks any inji	MEDICAL CERTIFICATION	198 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL LIFETHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	216 TIME OF INJURY HOUR A.M. MONTH D	19 211 LOCATION	200 AUTOPSY? 200 IF YES, YES NO PRINCERTIFY! YES NO PRINCERTIFY! YES PRINCERT NATURE OF INJURY IN JIEM 18 PARI	WERE FINDINGS USED NG CAUSES OF DEATH? NO TO THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OFFI						
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		(SPECIFY)				COUNTY STATE						

Loudon park Cemetery

Baltimore

DHMH - 16 50M 1/81 (VRA 15, 4)

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24 FUNERAL DIRECTOR 21227 ADDRESS Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

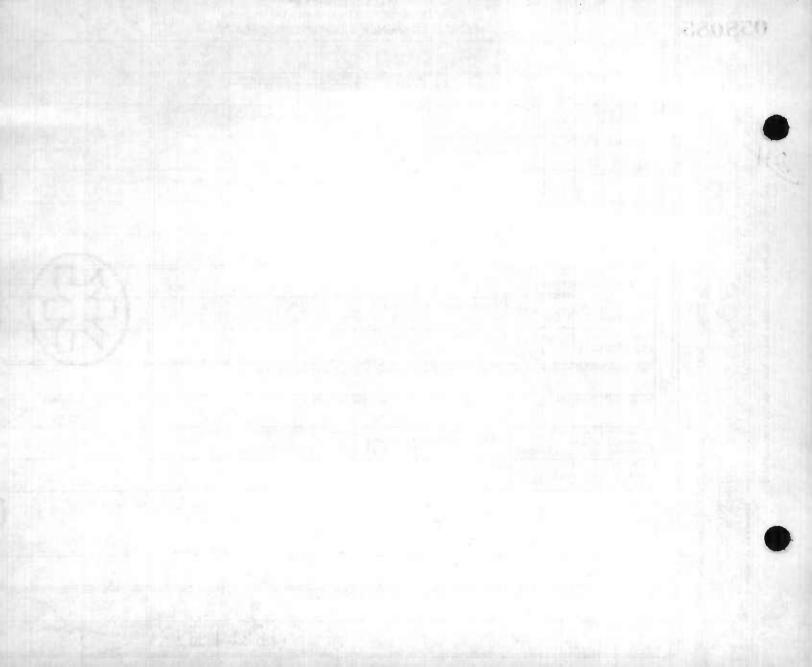
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Burial

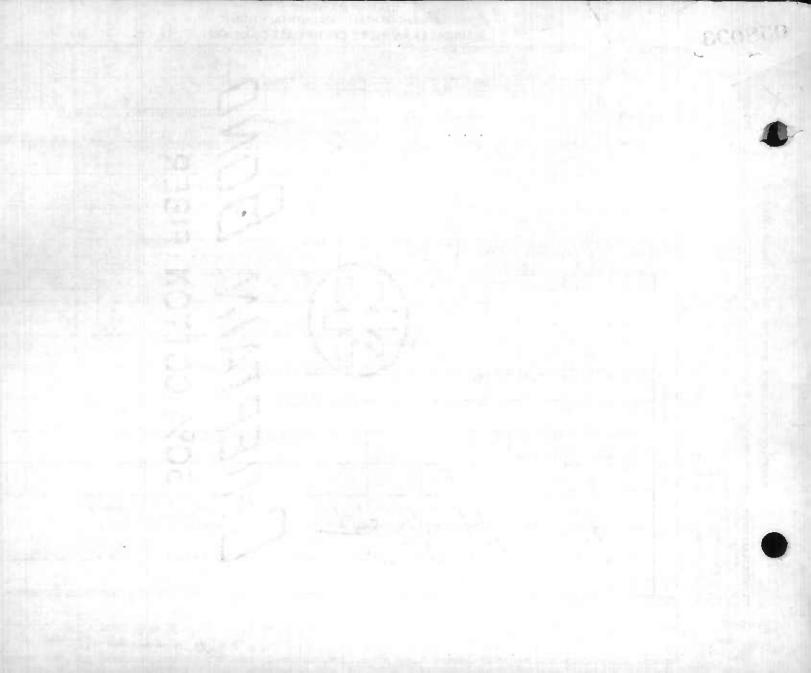
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STATE OF MARYLAND



TYPE OR PRINT) Queenie MAY Matthews J. Date of Birth Death Mated 2-24 A. Race B. Date of Birth Day Year B. List Birthday Months Day May Months Day 5 8			
Oueenie MAY Matthews Comparison Compari	1		
Baltimore USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS) USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) 110 CITY OR TOWN OF DEATH 111. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (If NOT IN SUCH FACILITY, GIVE STREET ADDRESS) N/A USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STREET ADDRESS 136 STREET ADDRESS 200 S. BALLOU COURT	DAY YEAR 76. HOU		
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14 FATHER'S NAME ARE MIDDLE	21231		
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-	ATHER'S NAME		MIDDLE		LAST		15. MOTHER'S MAIDI			DDLE			LAST	
W	illiam				Bell		Maude		C.				rdray	
60 \	VAS DECEASED	DEVER IN U.S. AF	RMED FORCES?	16b. SOC	CIAL SECURITY	NO.	17 INFORMANT			ADDRES	SS		21214	
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¥	WHILE AT WORK	NOT WHILE AT WORK	LX ,	TORY, FARM, E	itc.)	691		Rd.	CITY OR TOW Balto		i.	COUNTY		STATE
	220 I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . ond in my opinion													
	death resulte	ed from: Note	ural causes ,	Accident	🔀, Sui	cide .	Homicide .	Undete	rmined mai	nner				
	ACTUAL SIGNATURE	M	22	~		м.	TITLE (SPECIFY) D. Assistan	t_MEDI	CAL EXAMI	INER	DAT	TE NED_1	1-4-86	
	EXAMINER'S (TYPE OR PRIN		M. Dixon,	M.D.			DDRESS 111 P	enn S	St., B	Balto	., M	D 21	1201	
23a.B	URIAL, CREMA	TION, REMOVAL	23b. DATE 1-7-86	23c. 1	NAME OF CEM		crematory	CITYC	CATION R TOWN Ltimor	re. M	arvi	and	STATE	
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は対して	Ma	ryland			Balti		YES X NO		4920 Green		Road	21206	
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and		John	J.		laurer		Alic	ce	H.		Hero	1d	
ond co		VAS DECEASED EVER IN	U.S. ARME		166 SOCIALS	SECURITY NO.	17 INFORMANT		ADDRE	SS	S DO E		
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gned in ple burio ry, or		PART 2 OTHER SIGNIF	ICANT CON	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINA	AL DISEASE OR CON	DITION GIVE	N IN PART 10		
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ronsit Hygid 18 sho	20.73	21a. ACCIDENT WAS UNDER	- Committee	116. TIME O		DAY YEAR	21¢ HOW INJURY OC	CCURRED	ENTER NATURE OF INJUR	RY IN ITEM 18 PAI	RT (OR PART 2)		
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e bu	MEDICAL	214 INJURY OCCURRE		21e. PLACE (OF INJURY	FICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	wN	COUNTY	STATE	
fter os th h on srkee	~	AT WORK NOT WHILE									_ /		
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NER be Stree Stran	72.	22d. PHYSICIAN'S NAM	E TYPE OR PR	RINT)		Market 1	22e ADDRESS						
should be deto		Denis W. N	MacDon	nald. M	1.D.		9 S. High	nland	Avenue				
543 3	230 E	URIAL, CREMATION, RE				23c NAME OF C	EMETERY OR CREMATO		23d LOCATION				
		Burial		2-18-8	6	Holy Re	deemer		Bal timor	e. Mar	rvland	STATE	
11 14 (011 7 (8)		INERAL DIRECTOR LE	onard	J. Ri				a DATE R	EC'D. BY REGISTRAR	25h REGISTR	AR'S SIGNATU	RE	
HMH - 16 60M 7/84 (VRA 15, 4)		O5 Harford					214	FEB	1 8 1986	Julia Da	widson-Ma	ndelle	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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1	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENES 4 (1)	A = 6 1
4	- STATE REGISTRAR	251 (11)	CERTIFICATE OF DEATH	REG. NO.	4 2 0 1
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1 1 1	3 SEX MALS	1 RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 13 32	6. AGE (IN YEARS LAST BIRTHDAY) 53	IF UNDER 1 YEAR IF UNDER 24 MRS. MONTHS DATS HOURS MIN.
4 10 10 10 10 10 10 10 10 10 10 10 10 10	70. BIRTHPLACE (STATE OF FOREIGN COUNTRY) N. Ca.	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OF COUR	TY OF DEATH
	BALTIMORE	LIF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
ND 212	USUAL RESIDENCE LIF NURSING HOA	NE OR OTHER INSTITUTION GIVE RESIDENCE BEFORD DUNTY 13c. CITY OR TON	RE ADMISSION) NN 13d INSIDE CITY LIMITS?	130. STREET ADDRESS / ZIP CO	DE 21217
MARYLA	14 FATHER'S NAME FIRST Walter	WILLIAM MCBO	15. MOTHER'S MAIDEN NA	AME VIRGINIA	Thomas
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es that the ned by the please refurred, creative y, or other	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAL	DUE TO, OR AS A CONSEQUE (c) NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/		GIVEN IN PART 110
AL RECORDS, The low required. The low required. The low required to be significant. There prior to be lower only injury to be significant.	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	Disa der VAVICA	200 AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
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DIVISION ING PHY r offendi Mfer this os the bu ith and M	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.		CITY OR TOWN	COUNTY STATE
R ATTEND hospitol o hospitol o hospitol o hed for use ept. of Heol	sow the deceosed olive obove, (I) (we) (did) (did	ospital) attended the deceased from 2/17 19 19 19 19	ond that in (my) (our) opinion		
0 0 0 0 0 0	22b. SIGNATURE May 7 R	Shana	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	2-17-86
TO HOSPITAL retoined by the TO FUNERAL should be detained by the State with the State IMPORTANT; II	22d PHYSICIAN'S NAME IT	T Beh-ens	22e ADDRESS Universion	ty of May Im	à Hospita
BP	230 BURIAL, CREMATION, REMOVE BURIAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN HILLSBORD	OORTH CAROLID
DHMH - 16 60M 7/84 (VRA 15, 4)	FUNERAL DIRECTOR	OF CHIMSS 2325	25a DA	TE REC'D. BY REGISTRAR 25b. REG	STRAR'S SIGNATURE

220033 The transfer of the second of



CERTIFICATE #86-04562

April 1 de Son 14

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 045101 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) MCCAULE LILLIAN Day IF UNDER TYEAR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 74 HRS 5. DATE OF BIRTH FEMALE CAUCASIAN YEAR 02 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY 70. BIRTHPLACE (STATE OF FOREIGN MARRIED __ NEVER MARRIED __ COUNTRY Baltimore City Maryland DIVORCED [WIDOWER 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Phone Operator Hecht (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Caton Manor Nuring Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE 21230 13d INSIDE CITY LIMITS? E. Hamburg St. Balto . Md . Baltimore 309 Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Rosella Adams Sudbrook Charles 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 213-03-554 Mr. Melvin F. McCadley, Same as above No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse to), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YO NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M HE EITHER, NOTIFY MEDICAL EXAMINER! 0 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on_ and that in (my) to opinion death occurred on the date and hour and from the causes stated obove, (1) (did not) view the body ofter deoth 22b. SIGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: should be (co BALTO. or ATL- Pin 23c. NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL 23d. LOCATION

DHMH - 16 50M 4/83

(SPECIFY)

24 FUNERAL DIRECTOR Balto . Md . 21230 McCully Funeral Home, 130 E. Fort (VRA 15, 4) Ave.

Burial

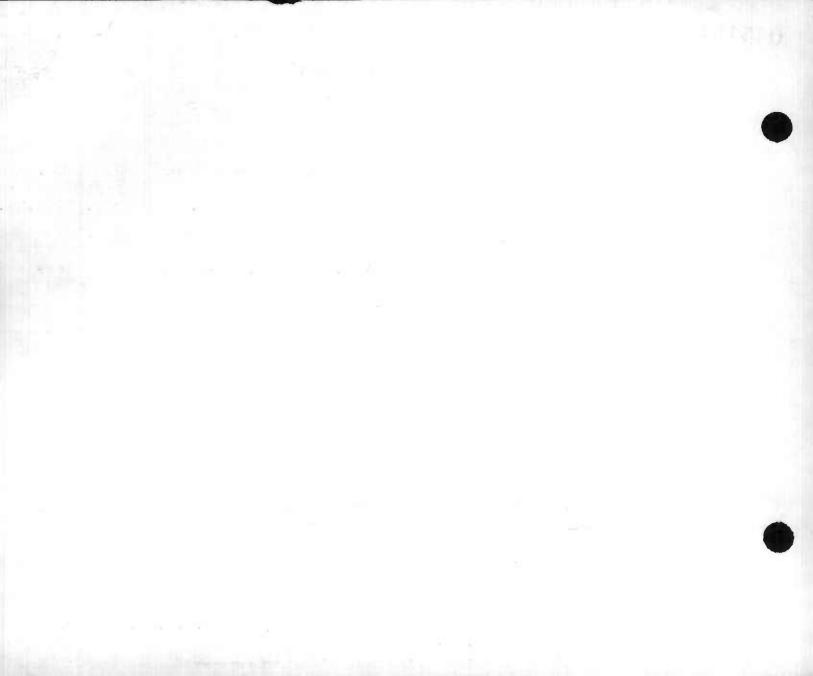
Cedar Hill

Cemt 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

Balto.A

.A.Co.Maryland



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law requires that the death certificate be executed TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cishold be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

WINDORTANT. If them 21 is marked at them 18 shows any injury, at other traumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

DHMH - 16 60M 7/B (VRA 15, 4)

		FOR		DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENES &	0 4	Jang.	4 5			
	1-	STATE REGISTRAR		JEI AIII		ICATE OF DEATH	REG: NO	0 4	~	U			
		EASED NAME FIRST		AIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR O.G	2b HOUR			
		Wardell		D.	McCo		2	8	86	9:15 pm			
	3 SEX	male	4. RACE Black		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	HOURS MIN.			
2	9				8	8 24	61	YRS					
1	C BIF	S.C.	U.S	what country?	MARRIE	D NEVER MARRIED DIVORCEDX	Balto.		DEATH	MD.			
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36	13a S	Md.	OTHER INSTITUTION UTY	GIVE RESIDENCE BEFORE 134 CITY OR TOW Balto.		13d INSIDE CITY LIMITS? YES 📉 NO 🗍	13e STREET ADDRESS / 1642 Appl	zip code eton	St.	רובוץ			
00		THER'S NAME hineous McCo	ner	LAST		15. MOTHER'S MAIDEN NAM	ME		LA	51			
1		AS DECEASED EVER IN U.S. AR.	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE						
	- (1	no	e war or Dales)	250-26	9559	Zelma Coli	lins 900 V	lildwo					
	-	18 CAUSE OF DEATH Enter on PART I, DEATH WAS CAUSE IMMEDIAT	D BY.	tine for 101, (b), on	dic	ic has			APPRO: BETWEEN	ONSET AND DEATH			
1	-	DUE TO, OR AS A CONSEQUENCE OF											
1	3.	Canditions, if any, which											
	3	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OI	R AS A CONSEQUE	NCE OF								
		PART 2 OTHER SIGNIFICANT C	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	10			
-	NOI	Caron	x 0x	1290	111	2 Mirely							
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR				CITY OR TO	WN	COUNTY	STATE			
ğ		22a.l certify that (1) (this haspi saw the deceased alive on above (1) (we) (did) (did no	-21/ X	19	8/1.0	nd that in (my) (our) opinion of		, 19. ste and hour ar		that (1) (we) last			
		22b. SIGNATURE	N N	oner deam.		DEGREE		1179	22c DAT	SIGNED			
1		Washe	A D	Wa.		ATTENDING PHYSICIAN	MEDICAL STAF		2/	8/86			
		David Jung, 1				27e ADDRESS			1				
		URIAL, CREMATION, REMOVAL	23b DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION						
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		NERAL DIRECTOR . NWainwrigjt	2700	Edmands	on A	ve. 25a DAT	E REC D. BY REGISTRAR	256 REGISTRA		TURE			

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DEPARTMENT OF HEALTH AND MENTAL HYGIENS

14	1.	FOR STATE REGISTRAR			DEPARTM		HEALTH AND MENTAL HY	GIENS 6 0 4	5 6 6	
036167		CEASED NAME E OR PRINT) Margaret	FIRST	Reletta	MIDDLE ,	McCo	rkle	20 DATE OF DEATH MONTH D. Feb. 1	1986 4.15 PM	
ge 4 may ectar, pa rs after d	3 SE	× Female		4. RACE Caucas:	ian	MONT	OF BIRTH H DAY YEAR V-1897		FUNDER LYEAR IF UNDER 24 HRS	
Pog		RTHPLACE (STATE OR F COUNTRY) ennsylvani		76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City		
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24 h	130	AL RESIDENCE (IF NURS STATE ryland	136 COUR	YTY	GIVE RESIDENCE BEFORE	V	134 INSIDE CITY LIMITS? YES NO K	1136 STREET ADDRESS / ZIP CODE 466 Longtowne Ct.	Glen Burnie 21061	
ompletely and 2 st	77	harles		MIDDLE	odward		15. MOTHER'S MAIDEN NA	MIDDLE	Cormley	
on and co	16a \	NAS DECEASED EVER YES NO OR UNKNOWN)	(IF YES GIV	VE WAR OR DATES)	206-22-1		Jack W. McCo	466 Bongtown orkle Glen Burnie,	Court Md. 21061	
physicia on papers emaval.		18 CAUSE OF DEAT PART I. DEATH W	H Enter or AS CAUSE IMMEDIA			103	AC ARI	REST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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by the Head Direction of the Property of the Property of State Department of the Property of t		122d, PHYSICIAN'S	971	wat	lingh a	AD I	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22 DATE SIGNED	
TO HOSPITA retained by TO FUNERA should be di with the Stat	230 (Harjit S	Singh		123, N	AME OF C		W. Brooklyn Park	Baltimore, Md	

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial Feb. 5, 1986 Jefferson Memorial Pk Pleasant Hills Allegheny-Pa.

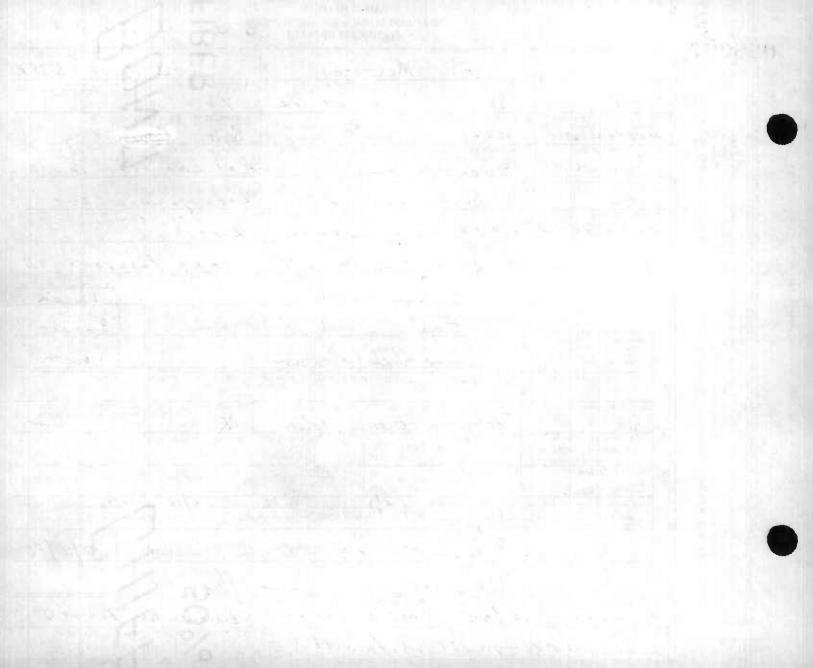
24 FUNERAL DIRECTOR Baltimore, Md. 21229

25. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Hubbard Funeral Home, Inc. 4707 Wilkens Ave. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
FFR 0.3 1008 Golden Duridson Andere.

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+			STATE OF MARY	LAND			
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	s. sex	A. RACE	S. DATE OF BIRTH	YEAR / 2	6. AGE (IN YEARS LAST BIRT	THDAY) # UNDER 1 YEA MONTHS DAY YRS.	
5-5	O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8 MARRIED NEVEL	D ALABBIED []	9. BALTIMORE CITY O	R COUNTY OF DEATH	
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ae di	(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	15136 Man	y ye	avary	Fasasa.	NA MD
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7	saw the deceosed alive obove, (1) (we) (did) (di	on 2/16 not) view the body ofter deat	19 16 , and that in (m	ny) (our) opinion d	eath occurred on the do	ote and hour and from t	he couses stoted
Te Te	276 SIGNATURE	01100	DEGREE	ATTENDING	MEDICAL STAT		TE SIGNED
± NA	and	& H. Johnst	es MD		MEDICAL STAF	IAN	2/16/86
TAL	22d PHYSICIAN'S NAME (T	PE OR PRINT)	77e ADDR	RESS C	. 11	1	
MPORTA	Konald	H-Jchus-	ter	Vina	· HOSP.	Ihc.	
N N	23a. BURIAL, CREMATION, REMO	AL 23b. DATE	23¢ NAME OF CEMETERY O		23d LOCATION	COLIMIY	ATAIL
_	132 n. 46	2/24	MD VOVE	rans	Carn		M DIAN
4/83	24 FUNERAL DIRECTOR	11 . 191	DORES CO	25a. DATE	REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	ATURE
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DIVISION OF VITAL RECORDS,

x Committee Committee Resident Traces K Dannes is provided the second of the

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for, page	2	3 SEX	V V	1. RACE Black	5. DATE OF BIRTH MONTH G 1 0 1 4	1 44	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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MOM e execu-	/	6	nknown	2Z0 -	-36-9576 JULIA, WI	HIAMS 1934 E.	
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 es that the death certificate be executed within 24 naured by the attending physician and completely fill of please remove corbonopapers. Pages I and 2 should be Illinously, constitutionatic event, the medical examiner medical examiner medical examiner.			18 CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	y one cause per line far (a) BY: E CAUSE (o)	spiratory Arre	st	BETWEEN ONSET AND DEATH 30 MM MUKE
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ps, 20 quires 1 guires 1 signed hen ple to burio		N	PART 2. OTHER SIGNIE CANT C	ONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION	GIVEN IN PART ITO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician Wher this certificate has been sign as the buriol-transit permit. Then the and Aental Hygiene prior to b orded or than 18 shows any injury.	1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
he lo		TFI	1/15/86	Chronic	esophajop leural.	43th VES NOO INC	ERTIFYING CAUSES OF DEATH? YES NO NO
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DING or offer After sees th	7	<	AT WORK		1 100	1	
00 . 00 8	06		22a. I certify that (I) (his haspit	al) attended the deceased	Q4 I	86 10 2/26	19 6, that (I) (we) last
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55 5433		23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMA	CITY OR FOWN	COUNTY STATE
BP			IID TAT NERAL DIRECTOR	3-5-86	ARBUTUS	ARBUTUS	MARYLAND
DHMH - 16 50M 4/8	13		NAME	A	DDRESS	So. DATE REC'D. BY REGISTRAR 25b. RE	
(VRA 15, 4)		W	M.C.MARCH F/H]	INC. 1101 E.M	NORTH AVENUE	MAR 4 1086 94	tia Bridson Pandelle



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 064057 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN X DECEASED NAME LTYPE OR PRINTS ESTI-McDonald DEATH MATED Lena 28/19 86 4 RACE SEX AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY RONOUNCED White 1908 78 Female Jan. 18 DEAD 28/1986 To BIRTHPLACE ISTATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY! Maryland U.S.A. WIDOWED X DIVORCED Baltimore City O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (Residence Homemaker Baltimore Lake Ave USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION 13a STATE 136 COUNTY 13d INSIDE CITY LIMITS? 921 E. Lake Ave. Maryland Baltimore YES X NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Rechilda Pietro Roggio Rosemarie ME WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Elders but Posess Md. 21784 (YES, NO. OR UNKNOWN) No 220-03-8065 Evelyn E. McDonald 5814 Okalhoma Rd. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id Carcinomatosis 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USE AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA YES | NO X 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM FIC 1 STREET CITY OR TOWN COUNTY WHILE AT WORK Inquiry X 220. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion death resulted from: Natural causes Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 2/28/86 SIGNATURE M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn St. Gregory R. Kauffman, M.D. ADDRESS (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23ª LOCATION Mar 4 1986 Loudon Park Cemetery Baltimore Burial Maryland 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Leonard J. Ruck, Inc. Baltimore, Maryland riena Davidson Randalle (VR A15 ME (5))

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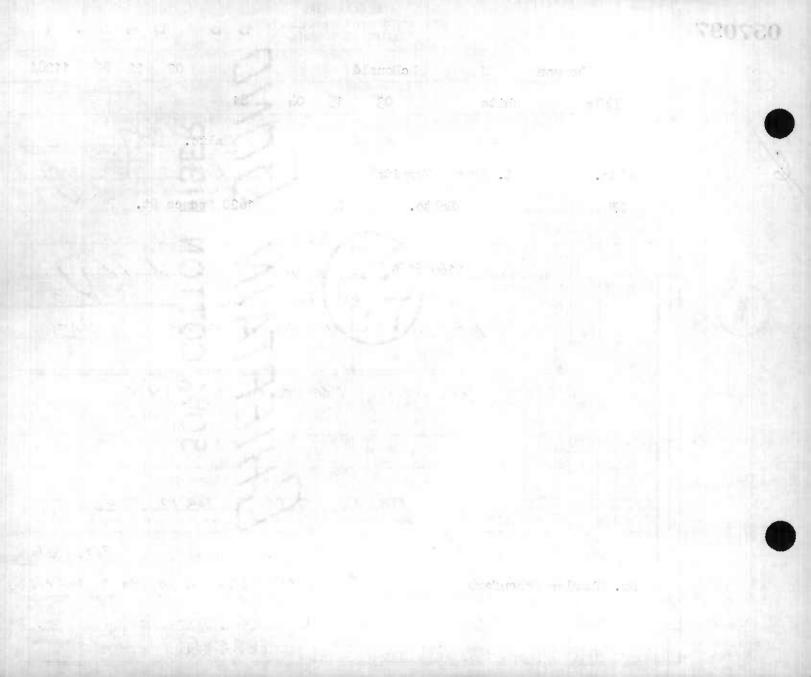
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I OF	CAL	OR CONTRIBUTING CAUSE OF DE	AIII		19						
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A TITEN hospital RECTOR RECTOR RECTOR Fer of H		obove (I) we idid (did a		after death	19_060		(our) opinion	death accurred on the	date and hour	and from the c	causes stated
Dep H the		22b. SHSNATURE	Pa	. 1	1 1	DEGREE	ATTENDING .	MEDICAL ST	AFF	221. DATE S	SIGNED /-
PITAL by the JERAL State ANT:		22d PHYSICIAN'S NAME IIII	~~	Jan	100	22e ADDRES		MEDICAL ST DIRECTOR PHYS	ICIAN	195	2/00
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BP		SPECIFY) Burial	2/26/	196				CITY OR TOWN	m D-1	COUNTR	STATE
	24 FU	JNERAL DIRECTOR	1 2/20/				250. DA	ery Woodlav	R 25b. REGISTE	timore RAR'S SIGNATU	Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)	H	ibbard Funeral	Home, Ir		07 Wilke	21229	F	EB 24 1981	juna.	vavidon-1	Naviana

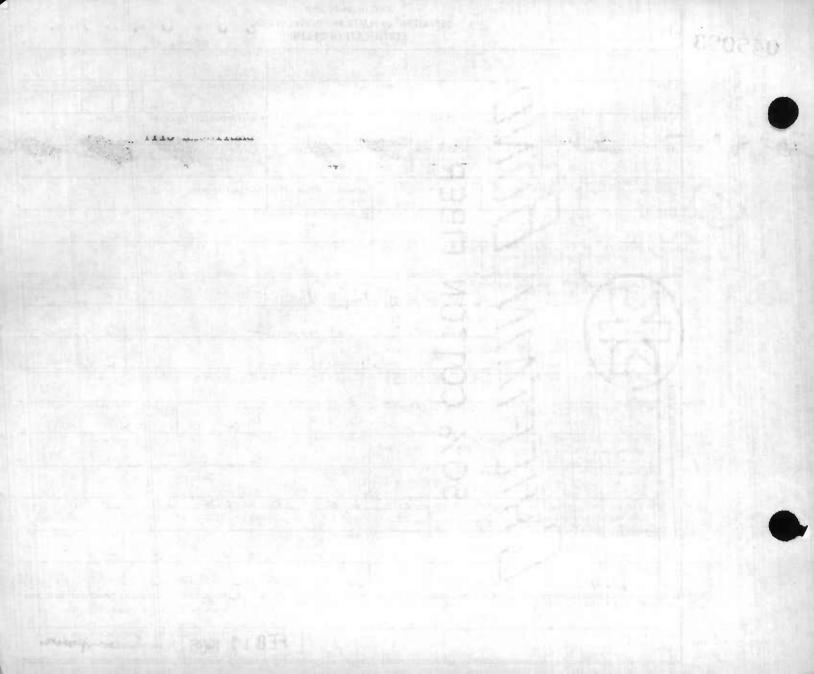


(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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١	FOR T STATE REGISTRAR	DEPART		ICATE OF DEATH	REG. N	0 4 5	7 2
t	I. DECEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH		AR 2b. HOUR
ı	ALICE	MCI	FADDEN		FEBRUARY	7, 1986	2;30A M
t	3. SEX	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1	
1	Female	Black	MONTH	A 13	72	YRS.	DAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY C		гн
1	South Carolina	U.S.A.	WIDOWE	1.7	BALTIMORE	CITY	MD.
4	TE CITY OR TOWN OF DEATH	11, NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	120. USUAL OCCUPATI		ND OF BUSINESS OR
7	BALTIMORE	THE JOHNS HO	PKINS	HOSPITAL	UNEMPLO		
71	USUAL RESIDENCE IF NURSING HOME OR 130 STATE North Carolina		WN .	13d INSIDE CITY LIMITS? YES \ NO []		zip code th West Str	reet 27526
A	H FALLER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		LAST
4	Ned	Montgomer		MAtilda		Mouze	on
4	60 WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		17 INFORMANT	ADDRE		
4		242-16		West Street			
1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	lly ane couse per fine for (a), (b), a D BY:	nd ic	+ 1	1-	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
1	IMMEDIA	TE CAUSE (0) (andler	espus	erry ares	1	2	menetes
1	Control of the Control	DUE TO, OR AS A CONSEOL		Carrie		0	
١	Canditions, if any, which gove rise to immediate	107	11000	Carchana			years
1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	JENCE OF	dero car cina		2	Vlaw
١	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT		AIN AL DISEASE OR CON	DITION GIVEN IN PA	Rĭ Iıo
1	NO N						
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F	INDINGS USED
	HILL	A STATE OF THE PARTY OF THE PAR			YES NO	YES 🗹	NO [
/	OR COMMUNICATION TO CAME OF DE	110110 1 11 11011TH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PA	RT 2)
1	(IF EITHER NOTIFY MEDICAL EXAMINER	in .	19				
1	(IF EITHER NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE.	FARM, ETC }	211 EOCATION STREET	CITY OR TO	own coun	TY STATE
١	AT WORK NOT WHILE		13:24 A	11/ 26	Ar Ar	4 - /	
١	22a I certify that (I) (this haspi saw the deceased alive on	tol) attended the deceased fram.	01	2/6, 19.86	to 2.30	217, 19_86	that (I) (we) last
1		t) view the body ofter death	, 01	nd that in (my) (aur) apinian	death accurred an the di		DATE SIGNED
١	Davil R	- Brown	MI	ATTENDING _	MEDICAL STA	FF 2	17/86
Н	224 PHYSICIAN'S NAME (TYPE O	DR PRINT)		PHYSICIAN [DIRECTOR PHYSIC	CIAN	17700
1	DAVID R	. BROWN		JOHNS HOPI	KINS HOSPI	TAL, BAL	TIMORE, OLD
1	230 BURIAL CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	BURIAL			Cemetery	Fuquay-Va	rina	N.C. STATE
1	24 FUNERAL DIRECTOR			25a DA1	LE RECID BY REGISTRAR	25% REGISTRAR'S SIG	SNATURE
1	MArch Funeral Ho	mes 1101 East No	orth A	venue	D 1 1 1986	Julia Davidso	who house



STATE OF MARYLAND

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9		WAS DECEASED EVER			166. SOCIAL	SECURITY NO.	17 INFORMANT		ADDR	ESS	IL III.	30.33	
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othe o		underlying cause		(6)	(0/0		dero care	110-	non		me	nth	-
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8 60	CERTIFICAT	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	206 IF YES	WERE FIND	INGS USE	D
1 1	TE			1004				YES	ON [I III CAUSE	NO [
11	GE	210 ACCIDENT WAS UND		216. TIME O		DAY YEAR	21t. HOW INJURY OCC	URRED (EN	TER NATURE OF INJU	DRY IN ITEM 18 PA	RT 1 OR PART 2)		
8 14	SAL	OR CONTRIBUTING C		177		19							
2 2	MEDICAL	21d INJURY OCCURE	RED	21e PLACE			211 LOCATION		CITY OR TO	OWN	COUNTY		STATE
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11		220.1 certify that (1)	Whis hospit	al) attended the	e deceased fr	am	19 8	5, 10.	3	2	986	, that	we) last
10 E		saw the decease above, (I) (we)/6	d alwa-on	view the hody	htter death	19 86, a	d that in (my) (our) opini	on death ac	curred an the d	ote and have	ond from th	e couses st	ated
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d at		616	~ M	1.13	lake.	- 6	ATTENDING PHYSICIAN		CAL STA		21	8/9	36
3 3 1	1	774 PHYSICIAN'S NA	AME MAYEDE	(Major)			22e ADDRESS				10-1		
# PO #	1	Dr. A	lan	Blake	r M.D		Mercy Ho	spita	1				
1 3	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATOR	RY 23d	LOCATION		COUNTY		51475
		Buria	al	Feb 6	1986	Woodla	wn Cemetery	-	Baltimo		Mar	yland	L
	24 F	UNERAL DIRECTOR						MIERE CO	BY-REGISTRAF	256. REGISTI			

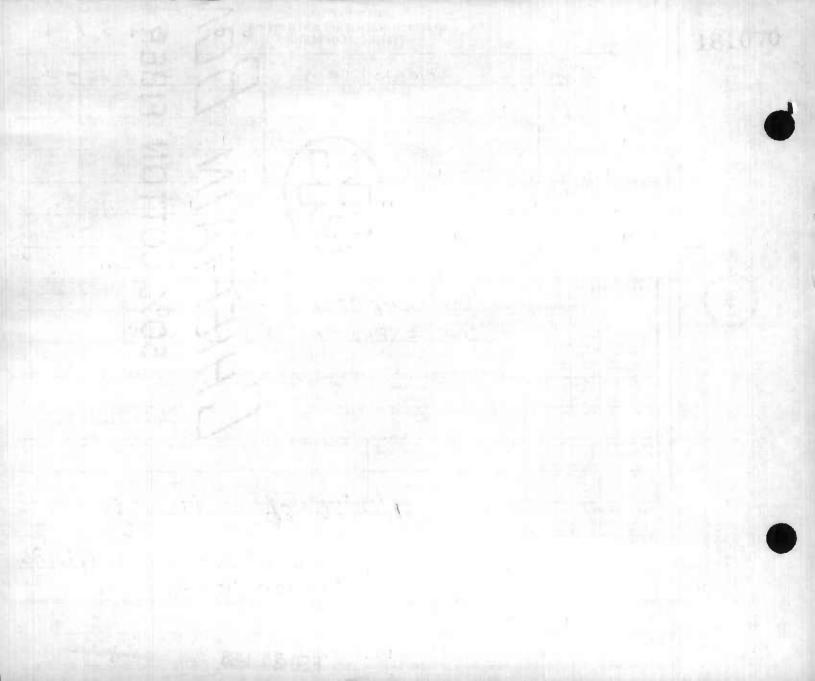
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Baltimore, Maryland Leonard J. Ruck, Inc.

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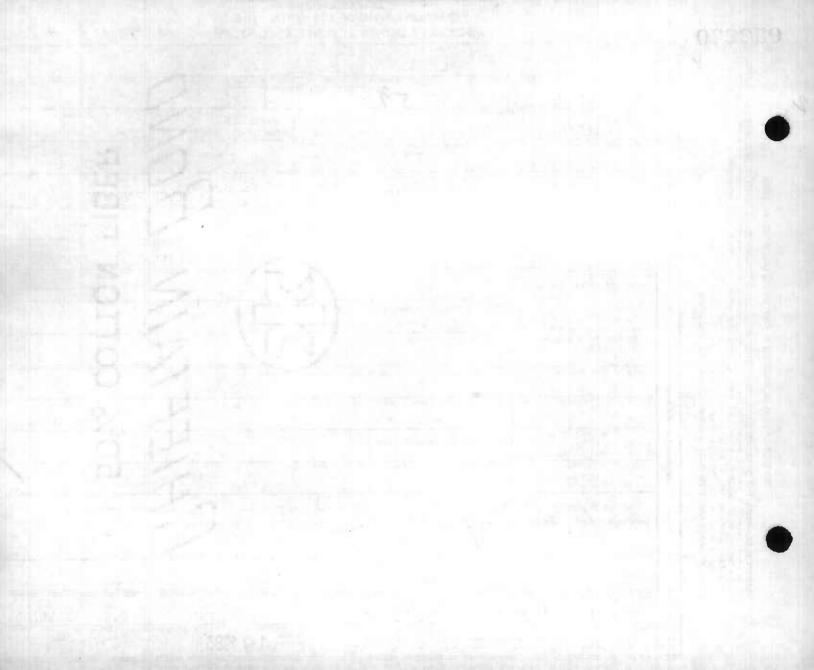
STATE OF MARYLAND

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ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) [IF YES, GIV NO	MED FORCES? 166 SOCIAL SECU 220-09-		Ms. Lena A		33 Dumbar atonsville,	
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that the death or if by the artening sine canone ayb bit, cremotion, v., or other travenoric		Conditions, if ony, which gove rise to immediate couse (o.l., stating the underlying couse lost.	(b) CANCER DUE TO, OR AS A CONSEQUE (c)		ROSTAT a	nd METH	4515	
requirers Them pi to burn	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease or conditi	ION GIVEN IN PART 1	0
A STATE OF	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINDI N CERTIFYING CAUSES YES	
SECTAN SEPHYSICAL SECHNISCON SECTION SECTION S		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR		ED (ENTER NATURE OF INJURY IN	FITEM 18 PART 1 OR PART 2)	
Offer that hond a hond and or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR FOWN	COUNTY	STATE
Spend or CTOR A for one of Health	1	sow the deceased alive on	tol) ottended the deceosed from	\$. on	d that in (my) (our) opinion	to 2 death occurred of the date	- /	that [1] (we) lost couses stated
TAL OR A The horal Police of the Control of the Con		276. SIGNATURE	ix sis	[ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATI	115/86
O HOSPITAL O HOSPITAL TO FUNETRAL Inould be det with the Signe MADOSTANT.		Raofat	Y. Girgis		Luthas	1 Hospita		1
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DHMH - 16 60M 7/B4	24 FL	JNERAL DIRECTOR	AOORESS		25a. DATE	E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNA	TURE
(VRA 15, 4)	_	Anatomy E	soard	Balto	., Md. FEB 2	1 1986 grand	auster-Handa	>



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-OUR FILES. V 72 HOURS ON STREET, DEATH MATED Grace McGowan 10 19 86 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE MONTH DAY YEAR PRONOUNCED 1:85 11 20 26 DEAD FEMALE BLACK 19 86 TO BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. NORTH CAROLINA WIDOWED DIVORCED Baltimore City O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY SCHOOL Baltimore St. Agnes Hospital UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 7822 HANOVER PARKWAY MD P.G. **IGREENBELT** YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EAST MIDDLE EIRST FIRST EDWARD LEE **EVELYN** BRYANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS 216-24-9388 CLYDE MCGOWAN, 9112 WALLACE RD, LANHAM, MD DING 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Carcinoma of lung IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE WORD." YER EXECUTE THE CERTIFICATE. WRITING THE WORD." YER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MI TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEA BALTIMORE, MARYLAND, 21201 PRIOR TO BURIEL. 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC) STREET CITY OF TOWN WHILE AT WORK COUNTY STATE 220. I certify that Ptoak charge of the remains described above, held an Autopsy Inspection death resulted fram Natural causes Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATUR 2-11-86 EXAMINER'S NAME Dennis F. Smyth, 111 Penn St., BAlto., MD 21201 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE MARYLAND P.G. BURIAL FT. LINCOLN BRENTWOOD 07/B4 BP 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 26 REGISTRAR'S SIGNATURE **DHMH - 17** J.B. JENKINS FUNERAL HOMES LANDOVER, MD. (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND

(VRA 15, 4)

DHMH - 16 60M 7/84

MITCHELL-WIEDEFELD HOME. INC.

24 FUNERAL DIRECTOR

6500 York Rd.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE gratie Davidson-Aanders

. al. age this that the energy of the property

2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

DHMH - 16 60M 7/B4 (VRA 15, 4)

Ferale shire Norch 6,1916 69

St. Agree Booritel Office Manager-Michigan

re. x sub stamora non-2129.

william A. Witter Anna --- Flynn ---No ---- 2:0-05-9502 Krs. Thela h. Litlor- Catomoutlie,

Surial March 1,1986 New Cothear 1 Cen. Reltimore, Maruland

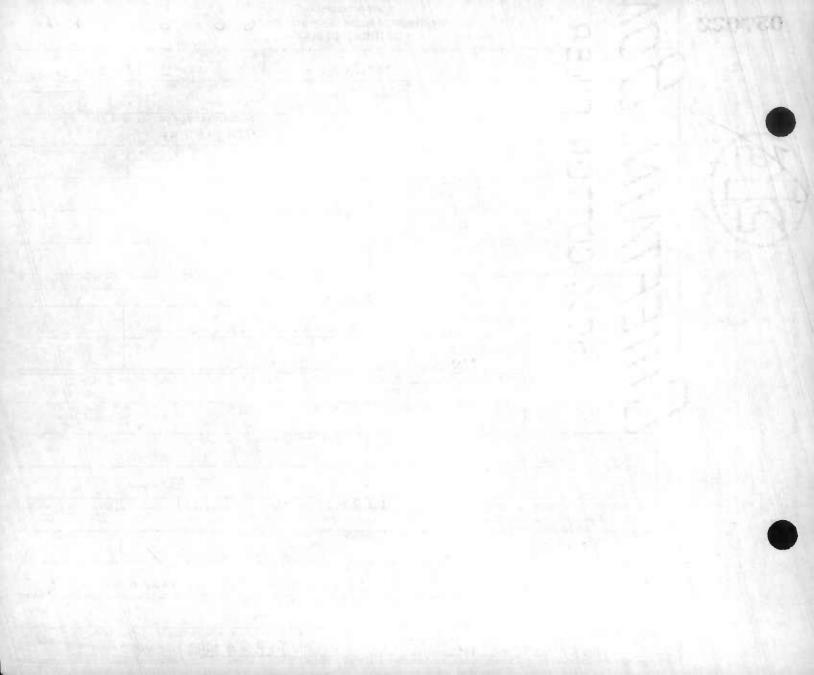
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Haltinara, Mc. U. M. X

750 Edmondson Auf.; Calonsuille, Md. 21278.

057022	1,	FOR STATE	DEPART	MENT OF HI	OF MARYLAND ALTH AND MENTAL HY	GIENE 6	0 4 5	8 0
		REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFI	CATE OF DEATH	REG. NO). MONTH DAY YEAR	R Zb HOUR
oth 3		LE'L		MC	QUEEN	IS. DATE OF DEATH	2 13 8	
moy be poge 3	3 SI		4 RACE	S. DATE O	FBIRTH	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YE	EAR IF UNDER 24 HRS
o cto		FEMALE	BLACK	2 MONTH	10 1892	94	YRS MONTHS DA	HOURS MIN.
2 12/1/	7a E	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY OR		
160		. CAROLINA	U. S. A.	WIDOWE	DIVORCED [BALTIMOR	OIL	MD.
7	В	ALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET PROVIDENT HOSPI	TAL	r other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKER	WORKING LIFE) INDUST	HOME
24 hours	110	AL RESIDENCE (IF NURSING HOME O STATE 136 COU ARYLAND	R OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW	/N 1	134 INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / Baltimore,	ZIP CODE 735 N Maryland	1. Fulton A 21217
11130	0	ATHER'S NAME JOHN	MALLOY		MARY	MIDDLE	Mc Q	UEEN
and cages		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	^281	O Rona Roa	ad
P o c		No.			Juanita B. C	urrence Bal	timore. Md	1. 21207
VUN		PART I DEATH WAS CALIST	nly one cause per line for (a), (b), an				BETWE	ROXIMATE INTERVAL SEN ONSET AND DEATH
1 21 1	1	IMMEDIA	TE CAUSE (0) CARDID	10	FAILURE			
res that the degree by the attention of please remain burial, crediting, or other transitions.		Conditions, if ony, which gove rise to immediate cause lat, stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) MUOCAL CONDITIONS CONTRIBUTING TO	ENCE OF		101.	DITION GIVEN IN PART	1 1:0
in. In. hos been si permit. The permit. The nee prior to	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
SICIAN TH ng physicic certificate rirol-transit entol Hygie them 18 sho		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY		
JG PHYSICIA ottending ph ter this certifiss the burial-th and Mental	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE I	FARM ETC)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
ATTENDIR Sspitol or CCTOR: Af afor use of Health			ital) attended the deceased from 2 12 19 8	36 , one	28 , 19 8 (a) that in (my) (our) opinion			the couses stated
Che ho		226. SIGNATURE PLEO	labor no.	D		MEDICAL STAFF DIRECTOR PHYSICI		ATE SIGNED
TO HOSPITAL of retained by the should be deto with the State [IMPORTANT: If		PADMAJA	UDAPI			TY HEIGHTS	PROVIDENT	HOSP BACT
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	2/17/1986 Ar	butus	METERY OR CREMATORY Memorial Par			e, Marylanc
DHMH - 16 60M 7/84 (VRA 15, 4)			uneral Home, Inc s Pkwy. Baltimor		1 61	EB 24 1986	Julia Davidon	ATURE CONTROL



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

6 0 4

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.			
	CEASED NAME FIRST	1	MIDDLE		IAS1	20. DATE OF DEATH		DAY YEAR	26 HOUR	
(TYP)	E OR PRINT)	JFUS	J	ME	ADOWS		02	1 86	8:55PM	
3. SE		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BI		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
MALE WHITE 5			2 32	53	YRS.	MONTHS DATS	HOURS MIN.			
To. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? &				D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
1				WIDOWE						
CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL					OR OTHER INSTITUTION	120 USUAL OCCUPATION 126, KIND OF BUSINESS OR				
. 0	Baltimore Church Hospital					Retired - Beth. Steel				
15U	AL RESIDENCE (IF NURSING HO.	ME OR OTHER INSTITUTION Balto.	130 CHY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 962 Renfre			2.1	
	ATHER'S NAME				15 MOTHER'S MAIDEN NA	ME	W_DCI			
	Rufus M	cKinley	Mesdows		EvaFIRST	MIDDLE	Mea	adows 1AS	1	
	WAS DECEASED EVER IN U.S	S. ARMED FORCES?	ES? 166 SOCIAL SECURITY NO. 17 INFORMANT			ADDRESS				
			226-38-	4902	2 Lular Meadows 962 Renfrew Street 21221					
	18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and (c.) PARTI. DEATH WAS CAUSED BY CONTAINED OF TIME									
	PART I. DE ATH WAS CAUSED BY SQUAMOUS CANCER OF LUNG									
	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if ony, which (b) METASTATIC CANCER									
	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	underlying couse lost (c) PNEUMONIA									
~	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
CERTIFICATION										
ICA	196 DATE OF OPERATION	DATE OF OPERATION 196 COND		OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF YES, V IN CERTIFYII		S, WERE FINDING CAUSES	WERE FINDINGS USED ING CAUSES OF DEATH?	
RTIF						YES NO	YE		NO 🗆	
	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR				21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)					
CAI	(IF EITHER NOTIFY MEDICAL EXA	NOTIFY MEDICAL EXAMINER) P.M. 19								
MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TOWN		COUNTY	STATE	
	WHILE NOT WHILE AT WORK									
	220.1 certify that (1) (this haspital) attended the deceased from 86ANUARY 25 19-86. to FEBUARY 2 19-86, that (I) (we) lost sow the deceased glive on FEBUARY 2 19, and that in (my) jour) opinion death occurred on the date and hour and from the causes stated									
	obove, [i] we [did [did not viel] \$\frac{\text{Re}}{2}\$ body ofter death									
	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D							2 DATE	1/86	
	THE PHYSICIAN'S NAME (TYPE OR PRINT) 22¢ ADDRESS CHURCH HOSPITAL COI							ORPORA	TION.	
Ey.	JOHN R.	BARTHO	LOMEW		100 N. BRO					
	BURIAL, CREMATION, REMO			NAME OF C	EMETERY OR CREMATORY	234 LOCATION				
	Burial	2/6/	86 Ho	11y H	ill Cemetery	Middle	liver 1	Balto.	Maryland	
24 5	LINERAL DIRECTOR			-	750 DAT	E DEC'D BY DECISTONE	266 DECIST	DAD'S CICALAT	1105	

DHMH - 16 60M 7/B4 (VRA 15, 4)

Connelly Funeral Home 300 Mace Ave. 21221

56 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

26 HOUR

IF UNDER I YEAR

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Repair.-Seli

P.O. Box 411ADDRE Dundalk, Md. #21222

APPROXIMATE INTERVAL

min ENOCARLINAMA OF LUNG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE OF MARYLAND

YES T NO []

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)

COUNTY

and that in (my) (our) opinion deoth accurred on the date and hour and from the causes stated

22c. DATE SIGNED

23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION Westview Mem. Pk. Cem. Feb. 18.1986 Cremation

24 FUNERAL DIRECTOR

DUOTWAS

Md. Balto.

STATE

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGN 3512

DHMH - 16 60M 7/84 (VRA 15, 4)

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	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
TATE EGISTRAR	CERTIFICATE OF DEATH

м		NE O'OTRO III						RE	G, NO.			
		CEASED NAME GEOI	rge		nd Mei		AST	20 DATE OF DEA	2/18/	186	12:15am	
7		ale		hite		5 DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY) YRS	IF UNDER I YEAR	HOURS MIN.	
雄		RTHPLACE (STATE OR FOI	REIGN 76 CT	TIZEN OF W	VHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUN	TY OF DEATH		
_	100	aryland		U.S.	Α.	WIDOWE			Balto	City	MD.	
C		ALTIMORE		F NOT IN SUCH	OSPITAL, NURS FACILITY, GIVE STREE Agnes		DR OTHER INSTITUTION	126 USUAL OCCU	OST OF WORKING	Post C	office	
P		AL RESIDENCE (IF NURSINI	G HOME OR OTHER		134. CITY OR TO		13d INSIDE CITY LIMITS?	13e.STREET ADDR	ree / 710 CO			
7		aryland	150	-0	Baltim		TES NO DE	1018 Bee			21229	
		THER'S NAME	1			OLC	15 MOTHER'S MAIDEN NA	ME		<u>a_nvenae</u>		
2		Joseph	MIDDIE		Meie	r	Eunice	MIDI	ME	Georg		
2		VAS DECEASED EVER IN			166 SOCIAL SEC		17 INFORMANT	A	DDRESS	GCOIG		
-	()	YES NO OR UNKNOWN)	(IF YES, GIVE WAR (1	213-26-	2020	Gertrude Vit	koski 48°	5 Carm	ella Dr.	21227	
							TOCT CT GGC VIC	TODIL 402	75 Carin		IMATE INTERVAL ONSET AND DEATH	
	1	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)										
-		1/						1				
		Conditions, if any,		UE TO, OR	AS A CONSECU	UENCE OF	l'ornel	a des	~			
		gove rise to imme cause (a), stating	diote	ILE TO OR	AS A CONISEO	HENCE OF						
	-	underlying cause	last.	(c)	AS A CONSEO	NSal	i Depul	- D17.	641	4		
	N	PART 2 OTHER SIGNI	FICANT COND	ITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR	CONDITION	GIVEN IN PART 1	a,	
7	CERTIFICATION	190. DATE OF OPERATION	I NC	96 CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFORMED	20s AUTOPSY?		YES, WERE FINDIT TIFYING CAUSES		
	ET.							YES NO		YES [NO 🗌	
3		210. ACCIDENT WAS UNDER		16. TIME OF	INJURY A. MONTH I	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM I	8 PART I OR PART 2)		
7	CAL	OR CONTRIBUTING CA	Dat OF DEATH	P.N		19						
	MEDICAL	21d INJURY OCCURRE	D 2	e PLACE C	F INJURY ET FACTORY, OFFICE	E + D++ 67/ 1	211 LOCATION	CITY	OR TOWN	COUNTY	STATE	
	NOT WHILE AT WORK											
		220.1 certify that (I) (this haspital) attended the deceased from										
		saw the deceased above, (1) (we) (dic	CHIAC CHI	the body o	19_	P6 , or	nd that in (my) (our) opinian	death accurred an t	he date and h	aur and from the	causes stated	
		226. SIGNATURE	//.			1.3.	DEGREE			22c. DATE	SIGNED	
		1	wr	-			ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	2-1	18-8-6	
ī		THE PHYSICIAN'S NAM	AE (TYPE OR PRINT	1/	11.	-	22e ADDRESS	11	-		, ,	
		15 En	NETT	, co	11/11/2	1	S1/8que,	1104	2 700	UCAI	onta	
		BURIAL, CREMATION, RE		DATE			EMETERY OR CREMATORY	THE LOCATION		COUNTY	STATE	
		Burial	. 2	2/21/8	36 I	oudon	park Cemetery			Ma	ryland	
	24. FL	JNERAL DIRECTOR					25a D.C.	CRO DA BY DEGO	Q44 25b. PEGA	CINAR STUNAT	UNE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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C)	-	2		4

	100	REGISTRAR			CENTIL	ICAIL OI DEATH	REG. NO.				
	1. DEC		IRST	MIDDLE	L	A51	26 DATE OF DEATH MO	NTH DAY	Y YEAR	26 HOU	R
3	11111	Prints	ognou .				Falmon	17	1986	9:50	A
K	1. SEX		OSEPH V	ν	5. DATE C	EIER	6 AGE (IN YEARS LAST BIRTHD	AV) 16	UNDERTYEAR	IF UNDER	21 MDs
di	8,00	Male		White		rch 15, 1902	83		NIHS DATS	HOURS	MIN.
1		ETHELACE (STATE OR FORE		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTYO	OF DEATH		
2	10.00	Maryland		S.A.	WIDOWE		BALTIMORE CI				MD.
7		TY OR TOWN OF DEATH	(IF NOT IN SUC	MOSPITAL, NURSING THEACILITY, GIVE STREET A MEMORIAL F	DDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Salesman Re	ORKING LIFE)	12b. KIND O INDUSTRY Sealt		SS OR
		AL RESIDENCE LIF NURSING				TAL		-	1 00020	000	
Ē) 1	Maryland	COUNTY	Baltimo:		13d INSIDE CITY LIMITS? YES NO 🗌	13e STREET ADDRESS / ZI 5520 Rad	ecke	Avenue	212	06
	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM					
)		William	H.	Meie	r	Anna	B.		Be	ckma	n
7		VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRESS				
	(1	NO OR UNKNOWN)	IF YES GIVE WAR OR DATES)	215-10-3	876	Anna E. Mei	er 5520 Rad	ecke .			
		18 CAUSE OF DEATH	Enter only one cause per	line for (o), (b), and	He				APPROXI.	MATE INTER	VAL
		PART I, DEATH WAS									
		IM									
				R AS A CONSEQUE	NCE OF						
		Conditions, if ony, w gove rise to immed									
		cause (a), stoting	the DUE TO, O	R AS A CONSEQUE	NCE OF						
		underlying cause	last (c)							9:3	
		PART 2 OTHER SIGNIFI	ICANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN	IN PART 110	,	
	N O	CON	G. ESTIVE	HEAR!	TF	AILURG					
-	CERTIFICATION	19a DATE OF OPERATIO		ITION FOR WHICH (OPERATIO	N WAS PERFORMED	206 AUTOPSY? 2	Ob. IF YES, Y	WERE FINDIN	GS USED	,
	FIC						1	N CERTIFY II	NG CAUSES	OF DEAT	H?
	RT	A	while Co. all Titue o	E INTERPO		Tal. How him by accure	YES NO	YES		NO [1
1		210. ACCIDENT WAS UNDERL		M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY IN	ITEM IB PART	TIORPART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL		M.	19						
	E I	21d. INJURY OCCURRED				211 LOCATION STREET	CITY OR TOWN		COUNTY	S1	TATE
	2	WHILE AT WORK AT WORK	□ [AT HOME ST	REET, FACTORY OFFICE, FA	RM ETC)	SINCET	CITTORIONI			3	-11
		22a I certify that (I) (th	is hospital) attended th	e deceased from		, 19	to	, 19	·	that (I) (w	ve) last
		saw the deceased of	alive on the body	ofter double	1	nd that in (my) (our) apinion o	death accurred on the date	and haus a	and from the	couses sto	ted
		775 SIGNATURE	1)	1/	1	DEGREE			22c. DAJE	SIGNED	
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									6
		224 PHYSICIAN'S RAMI	The state of the s	CV		22e ADDRESS	104 01	~~	110 0	1.24	0
	. 3	MIGUEL A	KARACUSC	HANSKY		300 5.33	al St BAL	10 1	MD 2	101	0
-	23a B	SURIAL, CREMATION, REA	MOVAL 23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION				

should be detoched with the State Dept

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

Feb 20 1986

Holy Redeemer Cem.

Baltimore

Maryland

24 FUNERAL DIRECTOR
NAME
Leonard J. Ruck, Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Bairdson Randalles

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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NO.					

	ing print on and campletely filled in by the funeral director, page 3	The others. Pages / and 2 should be filed within 72 hours ofter death	C removed	the medical examiner must be notified of ande.	乙分とノ
and a me negletic of enemany productions	TO FUNERAL DIRECTOR: After this certificate has been signed by the intended on and completely filled in by the funeral director; page 3	should be detached for use as the burial-transit permit. Then please remaining	with the State Dept. of Health and Mental Hygiene prior to burial, cremotive empression	IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other training	100000000000000000000000000000000000000

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

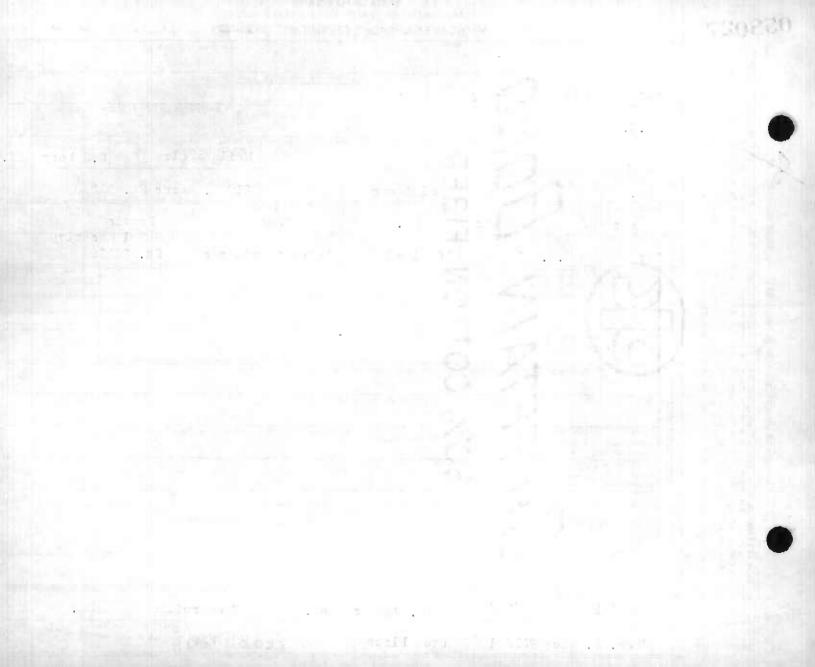
16	2	2	_
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le medico	IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other training	_	7/1
s. Poges	should be detoched for use os the buriol-transit permit. Then please remainers are the should be detoched for use os the buriol Hygiene prior to burial, cremoine er remain		60M
on ond c	TO FUNERAL DIRECTOR: After this certificate has been signed by the intending paying and c	_	- 16 /RA
	retained by the haspital or attending physician.	BP.	MH {\

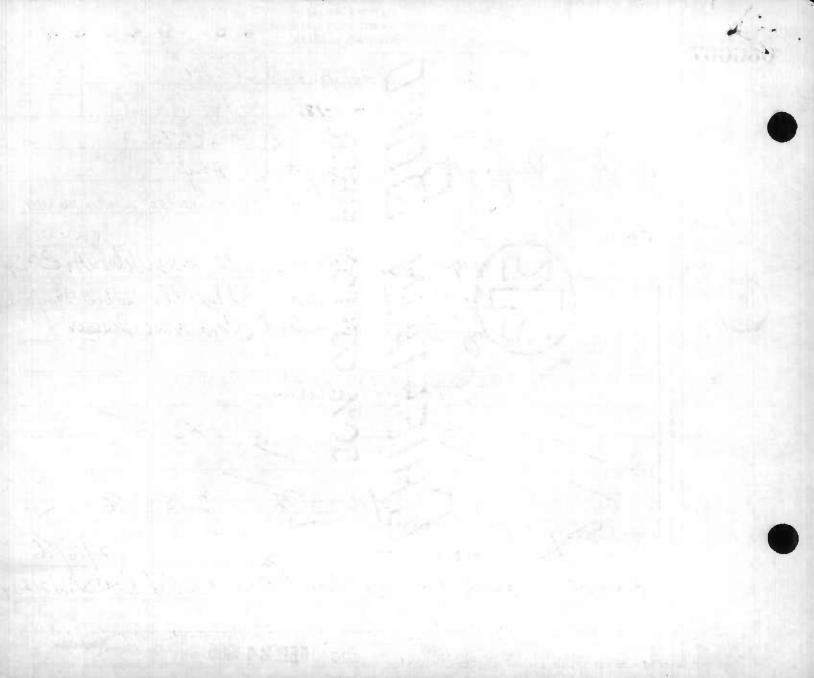
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		CEASED NAME OR PRINT)	CAPE	ocyn	AIDDLE		15CTU	N	20 DATE OF DEATH	MONIH	14/82e	26 HC	
	3. SEX			RACE		5. DATE C	H DAY	YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS		ER 24 HRS
		Female		White			12 9	18	67	YRS.			
7	0	RTHPLACE (STATE OR F COUNTRY) Carolina	100	U.S.		MARRIE	D NEVER A		Balto.		TY OF DEATH		
		TY OR TOWN OF DEA				URSING HOME O		ORCED	12a USUAL OCCUP		126. KIND (OF BUSI	MD. NESS OR
		Balto.		(IF NOT IN SUC	heran heran	Hosp.			(SOC. S		LIFE) INDUSTRY		
7		AL RESIDENCE (IF NURS TATE Md.	13b COUN		GIVE RESIDENCE 136. CITY OR Balt	NWOT	13d. INSIDE C	NO [13e STREET ADDRES 717 Drui	s/zıpcoı d Park	Lake D	r.	21217
)		THER'S NAME	A	NIDDLE C	avanau	igh		MAIDEN NAME	ME MIDDLE		LA	51	
		VAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMA	NT	ADI	RESS 390	5 Allst	on S	St.
	(1	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	214-4	46-2783	Mr.	Lewis	Cavanaugh	And	lerson,	S. C	Caroli
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF										XIMATE INT	TERVAL ND DEATH
		Conditions, if ony, gove rise to improve couse to stating underlying couse PART 2 OTHER SIGN	nediote ig the lost	(b) DUE TO, OI	R AS A CONS	M &			EARCINO		IVEN IN PART 1	10'	
9	CERTIFICATION	190 DATE OF OPERAT	196 CONDITION FOR WHICH OPERATIO			ON WAS PERFO	RMED	20a AUTOPSY?	INCERT	ES, WERE FINDI		ATH?	
7		210 ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH	H DAY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF I				
	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WO	HILE [21e PLACE		OFFICE, FARM ETC]	2 If. LOCATION STREET CITY OF TOWN						STATE
		sow the deceased alive on 19, and that in (my) (our) opinion death accurred an the date and hour above, (1) (we) (did) (did not) view the body after death.									out and from the	causes	
		228. SIGNATURE LECTURE L. PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR									22c DATE	SIGNE	カ
		22d. PHYSICIAN'S NA	AME (TYPE OF		cut	-10	22e ADDRES		PBV 1)	USP	TAZ		
	(SURIAL, CREMATION, SPECIFY) REMOV		236. DATE 2/17/	/86	23c NAME OF C	CEMETERY OR C		23d. LOCATION CITY OF BOWN		COUNTY		STALE
	24. FU	JNERAL DIRECTOR			ADD	DRESS D. 1	4.0 34.0		E REC'D. BY REGISTR	AR 255 REG	TRAP'S SIGN	What	2
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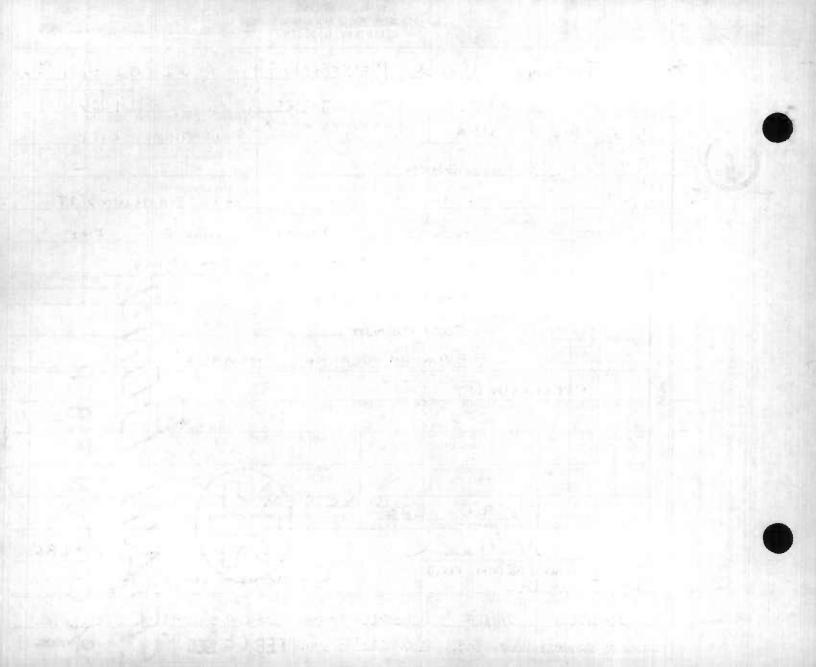
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R C F F F F F F F F F F F F F F F F F F	3. SEX	4	RACE	5. DATE OF BIRTH	MONTH DAY	YEAR 24 HOU						
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S NECESSARY, PLEASE FUNERAL DIRECTOR. As 5 FOR YOUR FILES. D. WITHIN 72 HOURS I W. PRESTON STREET,	7a. BII	RTHPLACE (STATE REIGN COUNTRY) N.C.	E OR	USA	USA Baltimore City or Country? 8 Married Never Married Baltimore City or Country Baltimore City or Cou							
AAGE S	10. CI	TY OR TOWN OF Baltimo		11. NAME OF HOSP (IF NOT IN SUCH FAC Univers	U.S	POST OFF						
MORE, MD. 21201 R DEATH. IF ANY DEIA S NEW AGES 1, 2, AND 3 TO THE FUN RM PM 3, RETAIN PAGES 5 F S I AND 2 SHOULD BE FILED, W. F N OF VITAL RECORDS, 201 W. F	USUA 13a. S1	L RESIDENCE (IF		OR OTHER INSTITUTION, GIVE		AISSION)	IDE CITY LIMITS?	810 W.	RESS Barre S	t. 2123	0	
D. 21 F. A. S. A.	14 EA	THER'S NAME			Darein		OTHER'S MAIDE					
RE, MD.	14. FA	Richa	rd	Mercer	Sr.		Emma			rris	AST	
RATIMORE SAFER DEA GIVE PAGES GIVE PAGES I AN WISION OF V		VAS DECEASED E	VER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		ORMANT			61 Gran	tley	
LALTIMO UNS AFTER I B. GIVE PAC H. PACES I DIVISION O		Yes	W.W.	war or dates)	246-18-	0983 Do	orothy B	ridgers	St.	21229		
ECORDS, 201 W. PRESTOR BE EXECUTED WITHIN X BENDING: IN PRESTOR IN WEDICAL EXAMINER AS AS BURRAT EXPOSET HYDROGEN AND MENTAL HYDROGEN ATTON, OR REMOVI	No	gave rise cause (a) sto lying cause		(b)	AS A CONSEQUEN AS A CONSEQUEN UT NOT RELATED TO THE	CE OF	OITION GIVEN IN PAR	T 1 (a).				
L REC L REN F ME F ME F ME F ME F ME F ME F ME F ME	¥	19a. DATE OF O	PERATION	19b. CONDIT	ON FOR WHICH C	PERATION WAS PER	FORMED?			20 A	UTOPSY?	
SHOULD CHIEF TO FEE	FIC			31						Y	res 🖫 NO 🗆	
DN OF OF THE WARTANEN	MEDICAL CERTIFICATION	214 EXTERNAL OUNDERLYING CONTRIBUTING	OR CAUSE OF	215. TIME OF HOUR XXX DEATH 9 . 2 P.M.	2/ 21/19	86 subje	ect shot	(ENTER NATURE OF	INJURY IN ITEM 18 PA		25 9 10 <u>0</u>	
DIVISION CRT CATE, WRITING CATE, WRITING CATE, WRITING TORE PAGE 3 SHAD, 21201 PRÉ AND, 21201 PRÉ	WE	WHILE		STREET, FACTO	street	700 B1		oll St.,		City, M	state	
EXAMINER: 1 CERTIFICATE, ULID BE FORW. WILL BE FORW. WARYLAND, 3		22a. I certify that I took charge of the remains described above, held an Autopsy X. Inspection I, Inquiry I, and in my opinion death resulted from: Natural causes I, Accident Suicide I, Hamicide X. Undetermined manner I,										
SESE SE		ACTUAL SIGNATURE	AAAC	X	1	M.D. <u>A</u> S		MEDICAL EXA	MINER	DATE SIGNED2	2/22/86	
TO MEDIO EXECUTE PAGE 4 S TO FUNE BALTIMO		(TYPE OR PRINT	Gr.	egory R. K					n St.			
07/84 BP	23a.Bl	URIAL, CREMATIC Burial	ON, REMOVAL	23b. DATE 2/27/86		eteran Cen		23d. LOCATION CITY OR TOWN Crowns	sville	COUNTY Md	STATE	
25M		UNERAL DIRECTO	OR				25a. DATE R	EC'D. BY REGISTI	RAR 256 REGIS	TRAR'S SIGNAT	URF	
DHMH - 17 (VR A15 ME (5))		Chas.	A. Rice	FSPA 1300	Eutaw Pl	ace	FE	325 198	6 June	whates - 1		



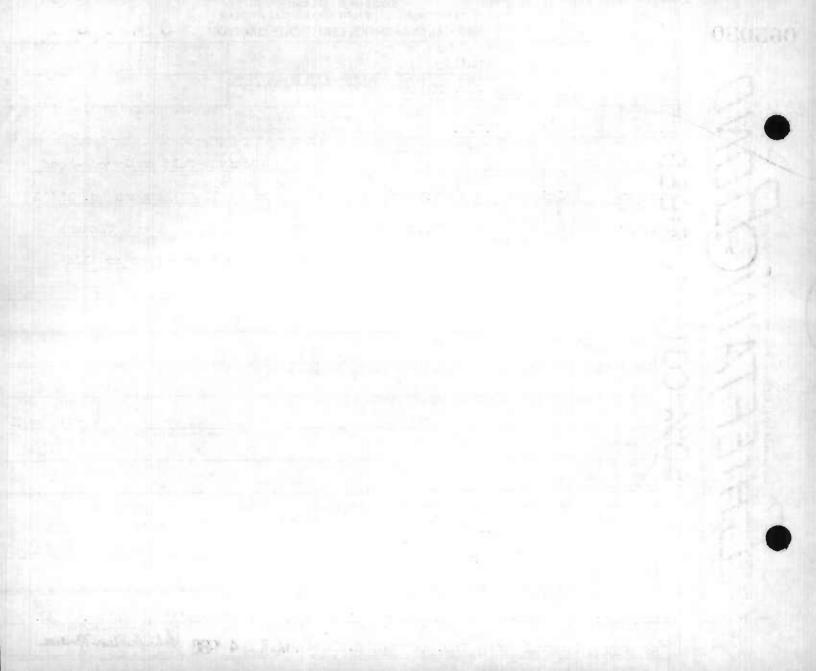


Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

(VRA 15. 4)



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AL, CREMATION, O		lying cou:	se lost.	(c)													
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AFTER DEATH, WITH THE ST. BAUTIMORE, MARYLAND, 2		U-arab	7000	7	1	5	//			SPECIFY)							
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		ombmen	+ .	3-3-86		Du 1	anev	Valle	v Mau	ıs.	Cock	evsv	ille,		lto.,	Md	
	24 FL	INERAL DIREC			ADDRESS	1	050 Y	ork F	Rd.	25a. DATE RI	EC'D. BY RE	EGISTRA	R 25b REC	GISTRAR'S	SIGNATU	RE	
))	Ruc	ck Tows	on Funera			nc. I	owson	,Md. 2	21204	MAR	41	1986	From	David	son-190	indett	-



2/4/86

STATE OF MARYLAND

Meadowridge Memorial Park

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

Dorsev Leroy M. & Russell C. Witzke Duneral Homes P.A. 1630 Edmondson Avenue, Catonsville, MD. 21228 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2h HOUR

12h KIND OF BUSINESS OR

21228

NO [

22c. DATE SIGNED

STATE

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IF UNDER 1 YEAR

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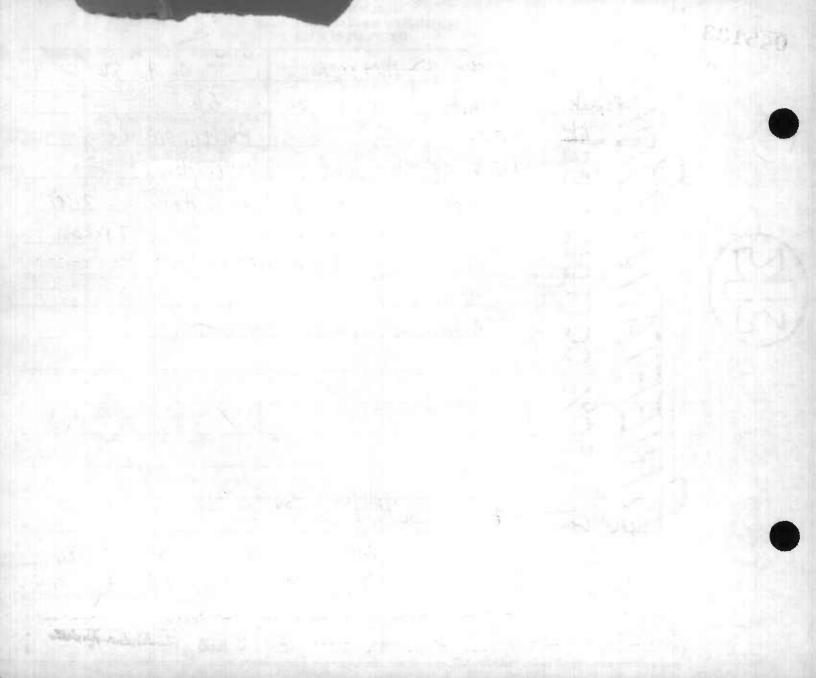
Simkins

Eckman

45133	1	FOR STATE REGISTRAR	DEP A	STATE OF M ARTMENT OF HEALTH AN CERTIFICATE OF DEATH	REG. NO.	94591
e # 2	1134	CEASED NAME Traute		Metzger	20 OTE OF EATH MODE	86 1201 AM
ope 4 m	1. SE	Finale	RACE Whitz	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 56 YRS	
11 91	1	ACCOMANY	The CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Coun	e City MD
1 12 5	T	Baltinge	(IF NOVIN SUP FACILITY, GIVE S	RSING HOME OR OTHER INSTITUTION TREET APPRESS)	170. IISUAL OCCUPATION ORKFORMOST OF WOODLING Secretary	126. KIND OF BUSINESS OR INDUSTRY Legal
130	U.S.O.	AL RESIDENCE (IF NURSING HOME OR I STATE 136 COUN Har	other institution, give residence by TY 13c. Alty or 1 American	CEN YESE NO X	136 STREET ADDRESS / 2M CC	St. 2100/
(1)/2	0	9 Pranz	AIDDLE SCL	SUSTER IS MOTHER'S MAIDEN NAMED IN MARIAN	nne	Trika
119		NAS DECEASED EVER IN U.S. ARA YES, NO OR HUKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL S WAR OR DATES! 213-6		etzger (Husband)	(Same as 13e)
artificate on paper in contract	1	18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIATION	BY. CAL	iac arrest	· 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death of thy the otherstin date remove such of cremation, or cother traumatic		Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	tatic Colonic	carcinoma	
requires then plan to burn injury, o	NOI	PART 2. OTHER SIGNIFICANT C	onditions <u>contributing</u>	TO DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION	GIVEN IN PART Tra
The low on the property of the	THEATION	19. DATE OF OPERATION	196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \rightarrow NO \rightarrow
SICIAN SPANS STATISTIC	CAL CERTI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
Abraha Abraha Abraha Abraha Abraha Abraha	MEDIC	HE INJURY OCCURRED HE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	I de ca	CITY OR TOWN	COUNTY STATE
ATTENDI Martin or CTOR: A Mor ore of Head				9 80, and that in (my) (aur) apinion	death occurred on the date and h	nour and fram the causes stated
TALOR DE PARTIE		TA SI NATURE	bur	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	276 DATE SIGNED
D HOSPITA O FUNERA heald be di		PHYSICIAN'S NAME (TYPE OR	BARR	Dept. of Mc	diane Univ. of 1	hd. Hosp. Bato.
BP		BURIAL, CREMATION, REMOVAL		33. NAME OF CEMETORY OR CREMATORY Green Mount Cremator	23d AOCATION CITY OF TOWN Baltimore	Maryland

Walter Brooks Bradley Inc., Balto., Md. 21222

DHMH - 16 60M 7/84 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

TTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours often death. Page 4 may be prior for ottending physician. TOP, After this certificate has been stoned by the ottending observing and completely filled in by the funeral director page 3.		
Hot or ottending physician. OB. After this certificate has been sined by the ottending observing and completely filled in by the funeral director, page 3.	ING PHYSICIAN: The taw requires that the death certificate be executed within 24 hours after death. Page	4 тоу ре
OB. After the certificate has been stoned by the ottending absorbing completely lifted in by the funeral director none 3	ir ottending physician.	
	IOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3	or, poge 3

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) TERESA MEYER 2-13-86 A 8:05 3 SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS 1955 Female White August 6. To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED DENEVER MARRIED BALTIMORE CITY Ohio U.S.A. WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE Legal Secretary THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE 1136 COUNTY 1136. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Talbot 206 Goldsborough St. 21601 Maryland Easton YES T NOF 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Don Dolores Hoffman J. Mever 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 45875 ADDRESS Ottawa, Ohio 166 SOCIAL SECURITY NO C IYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST McCrate Love Funeral Home 405 B 3rd St. 268-56-9780 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c), if PART I, DEATH WAS CAUSED BY: 12 hours IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Rha Z Conditions, if ony, which Liver MONTH BUL. gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost month PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE NO 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [olangio ca (cinomo 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) MEDIC/ 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC 1 NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and from the causes stated obove, (1) (we) (did)/(did not) view the body ofter death old be detached the State Dept. FUNERAL DIRE 226. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIA NAME (TYPE OR PRINT 22e ADDRESS WOLFE John Mospital 230 BURIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY St. Peter & Paul Cem. Burial Feb 17 1986 Ottawa Ohio 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRA DHMH - 16 60M 7/84 Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

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OR. OR. URS	E.	2 CEV			rester	Lee	L. ACE		Miles			ATH MATE	MON		1986	^
ARY, PLEASE DIRECTOR. YOUR FILES.	STR	3 SEX		4. RACE	S. DATE OF	7/43 YEA				HOURS M	IN. PRON	OUNCED	MON	IN DAT	TEAR	11:05
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No HAM	N A		LAKITO		ATE CAUSE (o		ltiple		wounds	5						
STAL STA	NA NA		Caralinia	ns, if ony, whic		TO, OR AS A C	ONSEQUENCE	OF						0-		
MATERIAL PROPERTY AND PROPERTY	R RE		gove ri	se to immedia	le (b		1		74							
W AWA	0 7		lying cau	stoting the <u>unde</u> use last	T. DUE	TO, OR AS A C	ONSEQUENCE	OF								
S. P.	200				(c)											
KECORDS D. BE EXEC PENDING MEDICAL D. AS A BU	MAN MAN	Z	PARE 2 OTHER SE	GNIFICANT CONDITION	IS CONTRIBUTING T	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to										
MEN MEN	T CE	CERTIFICATION	19a. DATE OF	OPERATION	19b. C	CONDITION FO	OR WHICH OPE	RATION V	VAS PERFORM	AED?				20 A	UTOPSY?	
DIVISION OF VITAL SCRIFICATE SHOUR RDED TO THE CHIE RES SHOULD BE LISE	88/ 88	FIC	2 1 2 1												YES 👽	NO 🗆
WO WO	EN CHI	ERT	210 EXTERNA	AL CAUSE WAS	21b.	TIME OF INJUR	TH DAY YEA	21c H	OW INJURY O	OCCURRED (ENTER NATURE	OF INJURY IN IT	EM 18 PART I O		- X	140
NO THE COURT	NR TO	ALC	UNDERLYING	S XOR NG CAUSE O			4 19 8		Subject	etahk	hoo					
ISIO TO	PRE	MEDICAL	21d INSURY	OCCURRED	21e	PLACE OF INJU	IRY (AT HOME.	21f LC	CATION	- Stabl				K Lb		
DIN ON WRITE	25 J	\$	WHILE AT WORK	NOT WHILE AT WORK	∑ STI	reet, factory, far. home	M, ETC.)	171	STREET I N. C	Carolin		NWOT SO	imore	COUNTY		MD.
DIVISION OF VITAL RE WINER: THIS CERTIFICATE SHOULD FICATE, WRITING THE WORD TEN FE FORWARDED TO THE CHIEF M CTOR: PACE 3 SHOULD BE LISED A	STA 0, 21		100	fy that I took cho	of the		h h . l . l	12,72	[TZ]	Г	7					MD.
N S S S S	E A		death result	-0	ural causes	A A		Autor	Homicie	Inspection L	Undetermine	uiry L.	and in m	y apinion		
RECORDER	I KATH		geam result	1//	oral causes L	1	11	liciae 4	IIILE ISP		Undetermine	a monner (,			
SOUTH THE SE	, š		ACTUAL SIGNATUE	Melle	ux)	12 tal	words	12/1/2	Assis		MEDICALE	VALABIED	DA	TE	2/6/	86
SE SE	387					-	//		1,04 <u>10010</u>		_MEDICAL E	XAMINER	SK	JNEU	2/3/	00
P. C. P. P. C. P. C. P. C. P. C. P. P. C. P. P. C. P. P. C. P. C. P. P. P. C. P.	E A E		EXAMINER'S (TYPE OR PRI	NT)	Dennis	s F. Sm	th, M.	D	ADDRESS	111 Pe	nn St	. Bal	Lto.ME).		
TO MEDICAL EXAMINER: THE EXPERIENCE OF PAGE 4 SHOULD BE FORW	A A	23a Bl	JRIAL, CREMA	TION, REMOVAL	236 DATE	106 23	t. NAME OF CE				23d LOCATIO	N		COMNITY	22.2	ATE
07/B4 BP		C	remat:	ion	2/10	186	westvi	.ew (Cremat	tory	Cato	hsvi	lle,	B.C.	Md	312
25M DHMH -	17	24. FU	NERAL DIRECT	TOR	^	ADDR#SS	17	21	- 2	Sa. DATE REC	D. BY REGIS			SSIGNATI	URE	
(VR A15 ME			charl	es A	Rice	Frence	150	41	EUC :	/FEB	1319	86 Ju	ha Dav	idoon-P	andel	-

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STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR

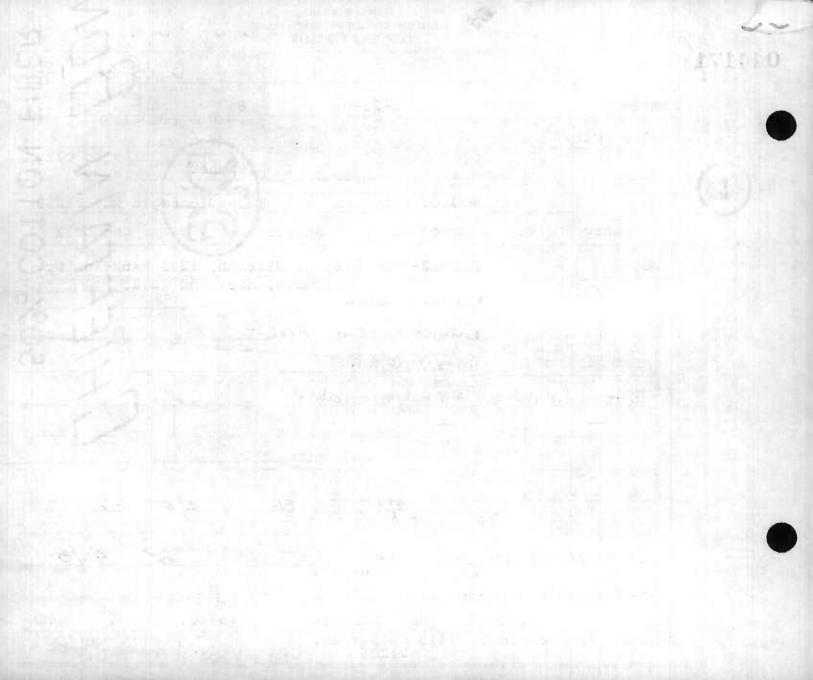
	ANNE			E	MI	LLER	2-5-86 岩				
	3 SEX	X	4 RACE		5 DATE O		6 AGE (IN YE	ARS LAST BIRTHDAY		IF UNDER 24 HRS	
	Fer	male	White		2-2	5-01 YEAR	84		YRS NONTHS BATS	HOURS MIN.	
L		RTHPLACE (STATE OR FOREIGN	WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMOR	E CITY OR CO	UNTY OF DEATH			
	Ba	alto. City	USA		WIDOWE		_	MORE CI	TΥ	MD	
11	10. CI	TY OR TOWN OF DEATH			URSING HOME O	ROTHER INSTITUTION	12a USUALO	CCUPATION	DIZE KIND	OF PUSINESS OR	
1	DA	LTIMORE		MEMODT	AL HOSPI	ጣእፕ	Teach	FOR MOST OF WOR	Scho		
Ė	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)					01	
K	21	MD 136 COUN	114	Balto	City	13d INSIDE CITY LIMITS?	1206	pdress / zip Glenea	gle Rd.	21239	
7	14. FA	Henry	WHOLE	Mada	sker	Nelli		MIDDLE	(James là	51. 7.7	
1							.e		Campb	err	
	lóa V	VAS DECEASED EVER IN U.S. AR.	MED FORCES? E WAR OR DATES)		SECURITY NO.	17 INFORMANT		ADDRESS			
	1	NO		219-2	2-1086	Mary E. U	Ilrich,	1235	Linksid	e Dr.	
		18 CAUSE OF DEATH Enter on	ly one couse pe	line for (a), (b	b , and ic	Baltimore	, Mary	and	21234 APPROX	MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUSE	E CAUSE (0)	REWAL	- FAILU	RE			111111111111111111111111111111111111111		
	100	DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if any, which	1								
		gave rise to immediate cause (a), stating the) ""			INARY ARR					
		underlying cause last	DUE TO, O		NATIZEM	IM					
		PART 2 OTHER SIGNIFICANT C	ONDITIONS				DAAINIAI DISEASE	ORCONDITIO	AN CIVEN IN BART 1.		
	N C	MAtral Cho	IN GIVEN IN PART I	a							
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATION	N WAS PERFORMED	20g AUTO	25Y? 70b.	IF YES, WERE FINDI	NGS LISED	
1	FIC	_	3 777				urc 🖽	IN	CERTIFYING CAUSES	OF DEATH?	
1	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME C	E IN HIRY	-	21t HOW INJURY OCCU		NO	YES	NO 🗌	
1		OR CONTRIBUTING CAUSE OF DEA	110110 4		DAY YEAR	THE HOW MAJORY OCC	OUNED (SNIEKNAII	THE OF INJURY IN II	EM B PART OKPART 2)		
1	MEDICAL	(IF EITHER NOTHY MEDICAL EXAMINER		Μ,	19						
	MED	216 INJURY OCCURRED		OF INJURY	FFICE FARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
		AT WORK AT WORK						1			
		220 I certify that (I) (this haspit	9/	e deceased for	C /1	19.86	<u>0</u> , to	2/5		that (I) (we) last	
		saw the deceased alive an abave, (1) (we) (did) (did na		after death.	.19 00 on	d that in (my) (our) opinio	on death occurred	on the date as	nd have and from the	causes stated	
		226 SIGNATURE	10		C	DEGREE			22c. DATE	SIGNED	
		m. head k	auti	0	no	ATTENDING PHYSICIAN		STAFF PHYSICIAN	1 2/5	186	
1		22d PHYSICIAN'S NAME (TYPE O	R PRINT)	0		22e ADDRESS		- A			
		M. KEITH RAWL	INGS, M.	.D.		UNION MEMO	RIAL HOS	PITAL	0 10 10		
		BURIAL, CREMATION, REMOVAL	23b. DATE		23c. NAME OF CE	EMETERY OR CREMATOR	Y 23d LOCAT				
	Bi	urial	2-8-8	36	New Ca	thedral	Bal	Lto.	COUNTY	MID	

DHMH - 16 60M 7/B4

should be detached for use as with the State Dept of Health MPORTANT. If he

Belair Rd. 21206 John GRECT Miller, Inc., 6415 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



0451	59	1-	FOR STATE REGIS
by the Control of the	36	1. DEC (TYPE 3 SEX 3 SEX 10 CT USUAL 130 M	Mary
TIMORE, MAR be executed w on and cample S. Page	C Comedicol	160 W	AS DEC
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 119 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour retained by the haspital an attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Page Thank Audid Hilled in with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather traumatic event, themedical	MEDICAL CERTIFICATION	18 CAL PART 2 Condition of the course underly part 2 10. ACC OR CON UNDERLY 21d. INJUNIE 22d. I condition of the course of the c

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIER
CERTIFICATE OF DEATH

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		REGISTRAR			CERTIFIC	TONIE OF D		REG. N	٥.			
		CEASED NAME FIRST	M	IDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
	(ITE	Elain	e Car	ol	M	iller	6.20	12011	02	07 86	640PM	
П	3 SEX	(4 RACE	4 - 1 - 2	5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATE	IF UNDER 24 HRS	
		F	(N	MONTH 12	DAY 16	1946	39	YRS.	MONTHS DATS	HOURS MIN.	
2		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8	D NEVER M	ADDIED [9 BALTIMORE CITY C	R COUNT	Y OF DEATH	1	
1	1 20	Maryland	USA		WIDOWE	D DN	ORCED	Baltima	-	City	MD.	
/	BOLT: MORE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BOLT: MORE WE NOT HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) HOMEMAKET USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION). IVE RESIDENCE BEFORE ADMISSION)							F WORKING L		OF BUSINESS OR		
5	USU/ 13a S M	TATE AL RESIDENCE (IF NURSING HOME OF TATE BAI		live residence before 13c. CITY OR TOW Baltimo	N	13d. INSIDE CI	NO A	357 Old	ZIP COD	2121	2	
2/	M FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S	MAIDEN NAM	ME		LA	.,	
U	/	Edward A. Ed	ler				Emma	Hull		LA	51	
7		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	IRITY NO.	17 INFORMAN	11	ADDRE	SS			
	(1)	res, no or unknown) (IF yes gi	(E WAR OR DATES)	218-48-3	3028	Gerard	l J. Mi	ller S	ame		100	
		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)									ONSET AND DEATH	
4		PART I. DEATH WAS CAUSE	D BY. TE CAUSE (a)	Pulmo	nary	emt	polus			3	hours	
		Canditians, if any, which	DUE TO, OR	Diabe-		Ketoac	idne:	<		2	dans	
		gove rise to immediate	(6)			ne jour	-10031		100		3	
		cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUE	NCE OF	1				111	4.	
		Cellulitis, vulvitis									aays	
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									0	
_	CERTIFICATION								7			
1	S.	190 DATE OF OPERATION	196. CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	S, WERE FINDS	NGS USED S OF DEATH?		
	Z Z							YES NO	Y	ES [
)	ë	210. ACCIDENT WAS UNDERLYING	110110 11	INJURY A. MONTH DA	AV VEAD	21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)		
/	AL	OR CONTRIBUTING CAUSE OF DEA	1111		19							
	MEDICAL	21d INJURY OCCURRED	21e PLACE C	F INJURY		211 LOCATIO	N	77				
	M	WHILE NOT WHILE	(AT HOME STRE	ET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE	
7		22a. I certify that (I) (this hospi	tal) attended the	deceased from	1 =	-30	19 86	to 2-7		10 86	that (I) (we) last	
		saw the deceased alive an	2-7 7	10 8	36	nd that in (my) (, , ,	death occurred on the de	ate and ha	, , , ,	4. 4	
	LB.	abave, (1) (we) (did) (did no 22b. SIGNATURE	ti view the body o	ofter death		DEGREE					SIGNED	
		A CONTRIBUTE		0 4. 1			TENDING	MEDICAL STAI	F			
,		Joan	M. T. (Collison	M.D		HYSICIAN [DIRECTOR PHYSIC	IAN 🗗	2-	7-86	
		Joan M. T. Collison, M.D. 301 St. Paul Place, Balto.,										
-	00								Salto	MD.		
	230 B	urial, cremation, removal Burial				EMETERY OR C		23d LOCATION CITY OR TOWN		COUNTY	STATE	
	$\overline{}$		Feb. 12	1986	Holy	Redeeme		Baltimor	e Cit	ty, Mary	yland	
		INERAL DIRECTOR		ADDRESS	6500	York Rd	250 DATE	REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNA	TURE	
	Mi	tchell-Wiedefel	d Home.	I_c. Bal	Lto.	Md.2121	2 FFF	1 1 7 1000	Junia J	Taridana T	Danis and	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



0630	42	1-	FOR STATE REGISTRAR	CERTIFICATE OF DEATH 8 6 _{REG. NO.} 0 4 5 9 6							
a may be poge 3	1		EASED HAME ETHL	EL GENEVA	S. DATE OF	BIRTH YEAR/	20 DATE OF DEATH	86 DAY YEAR	8 5 M AR IF UNDER ARS		
death Foge	17	7e. 81	South Carolina	THE CITIZEN OF WHAT COUNTRY?	MARRIED	DIVORCED [But	DR COUNTY OF DEATH	city MD.		
aves offer in by the	10	Usu	Caltimore L RESIDENCE IN NUMBER OF COME	NOT IN SUCH FACILITY & IVE STREET A	DDRESS ADMISSION)	rother institution redocal Center	120 USUAL OCCUPAT	OF WORKING LIFE) INDUST	HOME		
him 24 h oly filled t should b	35	18.65	Maryland 13 COUN	Bultim	are	YES NO 115 MAIDEN NO	13e STREET ADDRESS	Will Are	21216		
1	360		ETIJOH	Gleator	2	REBECCA	WIDDLE		YARD		
be come	- medical			MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 217–26–27		17 INFORMANT 3606 REV. OLIVER		SR. BALTIMO			
g physici	event, th		PART I. DEATH WAS CAUSE	y ane couse per line for (a), (b), and BY CAUSE (a)	1	Arrest		APPI BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH		
eoth ce tendin	on, or umofic		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF						
hat the d by the at	il, cremati other tra		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF				HE MA		
5 0	ir to burio injury, or	ICATION	N	ONDITIONS CONTRIBUTING TO E	DEATH BUT N	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	NDITION GIVEN IN PART	110		
The law ion.	nows ony	CERTIFICAT	10 22 85	GANGER NE			200 AUTOPSY? YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS YES []	SES OF DEATH?		
	Item 18 s		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		AY YEAR	21¢ HOW INJURY OCCUI	RRED {ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PART	2)		
uG PHY offendin ifer this	h and M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F.	ARM. ETC)	211 LOCATION STREET	CITY OR T	OWN COUNTY	STATE		
TTENDIP Spirol or CTOR Al	of Healt	H	220.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not		NEV and	that in (my) (our) apinion	death occurred on the c	date and have and from t			
AL OR A the hos AL DIREC	ote Dept. IT: If Item	1	226. SIGNATURA TOUR	Lee D. This	de	ATTENDING PHYSICIAN	MEDICAL STA	AFF A	Z5/86		
TO HOSPIT eforned by TO FUNER should be	IMPORTANI		REGINALS D	RIGSBY, M.	D,	JOHN L. DEA	TUN MED. (TR.			
	3 ≧	23a E	URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE		
BP	044.7/04	24 Fp	BURIAL MERCAPISONS FL	JNERAL HOME, ADLINC		MEMORIAL PAR	TE REC'D. BY REGISTRA		MARYLAND		
DHMH - 16 64 (VRA 15				PKWY. BALTIMORE		21216	EER 28 105	Lie David	son-Bindall		

STATE OF MARYLAND

Company to the second s Trums0

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

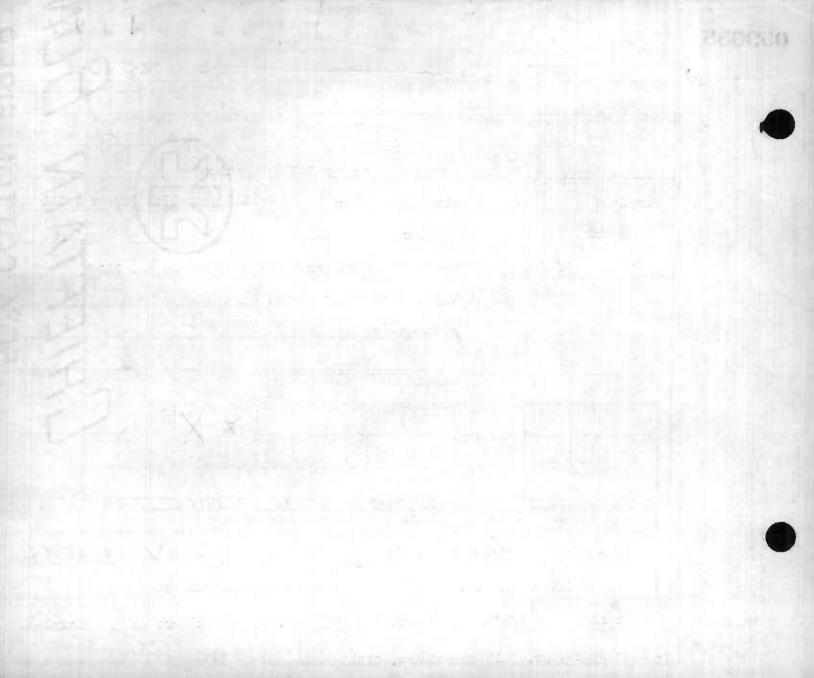
	-								REG. NO				
		CEASED NAME		MIDDLE	ı	AST .		20 DATE OF DEATH M	ONTH DAY	20 110			
Y	11111	OR PRINT)	D	L.	M	ILLER ·		02	25	86	910	PM	
	3 SEX	X	. 334	4 RACE	Ephin V	S. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF U	NDER TYEAR	HOURS	21 HRS
		Male		Wh.	ite 4		26	14	71	YRS		100.00	
-		RTHPLACE (STATE OF F	OREIGN	76 CITIZEN OF	WHAT COUNTR	RY? 8	NEVER A	AARRIED 🗍	9 BALTIMORE CITY OR COUNTY OF DEATH				
5		Maryland		1	JSA	WIDOWE		VORCED	BALTIMO	ORE C	ity		MD.
11	10. CI	ITY OR TOWN OF DEA	11. NAME OF I		R OTHER INST	NOITUTION	12a USUAL OCCUPATION			OF BUSINES	SSOR		
7		LTIMORE CI		UNION MEMORIAL			PITAL	21218	Retired			-	
5		AL RESIDENCE (IF NURS	136 COUN		130 CITY OR TO		13d INSIDE C	ITY LIMITS?	13. STREET ADDRESS / Z	IP CODE			
1	_	Maryland		and the second	Baltin	more	YES 🔀	NO 🗌	1212 West 3	7th St	reet	2121	1
-	14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S	FIRST	ME		LAS	57	
		Edward			Mil		Re	enice			Whee	eler	
		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?				17 INFORMANT ADDRESS					
		YES, NO OR UNKNOWN)	12634	41	220-05-4218 Pat Barnhouse 4 Greenwood Rd.								
		18 CAUSE OF DEAT PART I. DEATH W							1-		BETWEEN	ONSET AND E	VAL DE ATH
		PARTI, DEATH W		E CAUSE (a)	CAROL	o pulho	NARY	arres	T				
		401 1623		DUE TO, O	R AS A CONSE	OUENCE OF							
	Conditions, if ony, which (b) preumonia												
		cause (a), stotin	ig the	DUE TO, O	R AS A CONSE	QUENCE OF							
		underlying couse	last	(c)									
	z	PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO	ONTRIBUTING 1	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN	IN PART 1	a	11
	CERTIFICATION	19a DATE OF OPERA	TION	TIBL COND	TION FOR WHI	ICH ODERATIO	NI WAS DEDSO	10- AUTORSY1	OR IE VEC VA	EDE EINIDA	Nosucce		
1	FIC	190 DATE OF OPERA	11014	190 COND	IIION FOR WHI	ICH OPERATIO	N WAS PERFO	KWED	20a AUTOPSY? 20b. IF YES, WERE FINE IN CERTIFYING CAUS			OF DEAT	H?
1	ERTI	210. ACCIDENT WAS UNE	DERLYING T	1 21b. TIME O	F IN ILIRY		216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY			YES [000000131	NO [
4		OR CONTRIBUTING	-	110110	M. MONTH	DAY YEAR	1101101111	JOHN OCCORP	(ENIER NATURED INTER	IN HEM ID PART	ORFARIZ)		
/	MEDICAL	21d. INJURY OCCURE		21e PLACE		19	211 LOCATIO	NO.					
-	WE	WHILE NOT WH	GLE 🗍		EET, FACTORY, OFFI	CE, FARM ETC)	STREET		CITY OR TOWN	4	COUNTY	51	TATE
		220 f certify that (I)		tal) attanded th	a daggered from	7/13		19.86	7/55	10	86		NI .
		saw the decease	ed alive on	1125	19	61	nd that in (my)		death accurred on the date			that (I) (w	
		abave, (1) (we) (c 22b SIGNATURE	did) (did na	t view the bady	alter death	and the same of	DEGREE				22c. DATE		
		Ydavas (1 1	KHAL	in	MS	Δ	TTENDING	MEDICAL STAFF	1	2/-	25)6	41
		22d. PHYSICIAN'S NA	AME TYPE C	R PENTI	, o		22e ADDRES	SHYSICIAN L	J DIRECTOR PHYSICIA	N DG		7.	
		EDWARD	BOLG	IANO/ M	.D.		UN:	ION MEM	ORIAL HOSPIT	AL			
	23a B	BURIAL, CREMATION,	REMOVAL	236 DATE	2	I NAME OF C	EMETERY OR C	REMATORY	23d LOCATION				_
	(Burial		3/1/86		Lorrain	ne Park	Com	City OR TOWN		YINUC	S7	ate and

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR
A. Alan Seitz, Jr. 3818 Roland Ave.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE



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	1/				E OF MARYLAND					
059074		FOR - STATE REGISTRAR	DEPAR		ICATE OF DEATH	REG. NO.				
oy be death	(TYP	CEASED NAME S IRST	MIDDLE V.	Mi	ller	02	-24 - 86	26 HOUR 5.55		
rector. p	3. SE	Male	4. RACE* White	S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY) IE UNDER 1 YEAR IF UNDER TO THE NOTE OF THE NOT				
# 11 B	-	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
of the de	10 C	<u>Raltimore, Md.</u>	USA 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH EACHITY, GIVE STRE			Baltimor 120 USUAL OCCUPATION 11YPE OF WORK FOR MOST OF	ON 12b. KIND C	MD. OF BUSINESS OR		
hours o		Baltimore AL RESIDENCE (IF NURSING HOME OF	Deaton tos ROTHER INSTITUTION, GIVE RESIDENCE BER NTY 136: CITY OR TO	OITO!		Mechanic-	Automotive -	- Retired		
thin 24		Md. AF	A Glen Bur			1002 Rose A	nne Road, 210	061		
ned w	1	Nichlos	Miller		Marie	WIDDLE	Mille			
n one exec		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1E YES, GIV	MED FORCES? (E WAR OR DATES) 212-07-		Earl Schneid	er 2750 Swa	4	21035 sonville		
res that the death certificate ined by the attending physici n please remove carbon pape burial, cremation, or removal. y, or other traumatic event, th		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	one cause per line for (a), (b), one of the cause (a). DUE TO, OR AS A CONSEO (b)	DUENCE OF	NOT RELATED TO THE TERMI	mal disease or cont	ani	IMAYE INTERVAL ONSET AND DEATH		
he low requirence of the second of the secon	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DE				
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	JAMES S. Kirk	ley, Glen Burn	ie, Md.	FEB	26 1986	MEGINTARIS SIGNATI	URE		

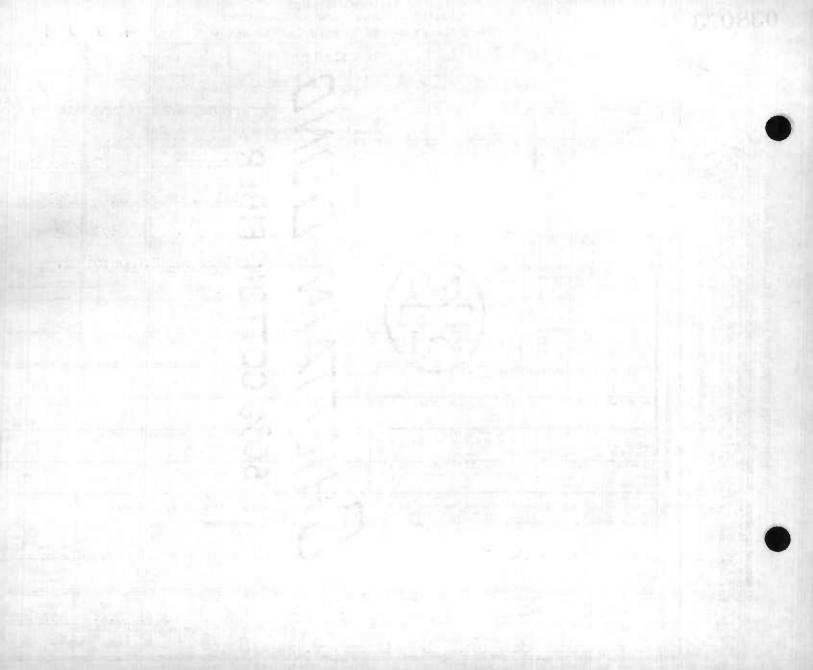
	1.	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 6 4	5 9 9
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1 23	10000		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	02/2/5
3/10	-	THER'S NAME	15. MOTHER'S MAIDEN NAME MIDDLE CARE	SOO LAST
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or the death of the crapbing o		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF INDEXTREMS IN	
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07/84 BP	23	BURIAL, CREM	ation, REMOVAL 2	2/6/86				R CREMATORY Cemetery	CITY	ocation or town ooklyn Pa	600	инту . А. М	state larylar
25M DHMH - 17	24	FUNERAL DIR	CTOR	ADDRESS			229			Y REGISTRAR 25b. R	REGISTRAR'S	SIGNATURE	
(VR A15 ME (5))	Hubbard	d Funeral			.07 Wil	lkens	Ave. FF	8 Ob	1986	-Stroke	n-Mandall	Ties .



				STATE OF MAKTLAND		
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toll in 1		OR CONTRIBUTING CAUSE OF DEAT		AY YEAR		
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He He		sow the deceased alive on	2/3 108	-/-	death accurred on the date and ha	ur and from the causes stated
m 2		obove, (I) (we) (did) (did not 22b. SIGNATURE	view the body after death	DEGREE		
DIR Dep		Klead	you Har		MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
NAT MAN		226 PHYSICIAN'S NAME (TYPE OR		PHYSICIAN P	DIRECTOR PHYSICIAN	1786
should be with the S		KUANG	-YEN HUA	1~9 BON	Seesun	Hospital
F # 3 \$	23a E	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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VRA 15, 4)	M	arshall W. Jones	s. Jr FH 4101 Ed	mondson Ave.	SUD MEN YOUR	THOUSE A PARTY

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	3	FOR			PEPARTMENT OF	HEALTH	AND MENTAL P	HYGIENE				
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BOLEGA	3. SEX	emale	4. RACE Black	5. DATE OF BIRTH	6 AGE (IN	YEARS IF UN	NDER TYR. IF UNDER	24 HRS. 2c. DAT			YEAR	24 HOU
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EXAMINER: CERTIFICATI OULD BE FOR: DIRECTOR: (, WITH THE: MARYLAND)		death results	ed from: Natur	al causes XX	Accident	Suicide	Hamicide .	Undetermined m				
EXAM CERTI UID B DIREC WITH			100				TITLE (SPECIFY)					
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TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOULD BY TO FUNKRAL DIRECT AFTER DEATH, WITH TI BALTIMORE, MARYLAI	-	EXAMINER'S (TYPE OR PRIN	NAME Anr	M. Ďixon	, M.D.		ADDRESS 111 P	Penn St.	Balto.MD.			
PAGE PAGE	23e.BI	JRIAL, CREMAT	TION, REMOVAL 2	36 DATE	23c. NAME OF C	EMETERY C		23d LOCATION				
4 BP	(5	Cremat:	ion	2-27-86	Westvi	ew Ce	metery	CITY OR TOWN		YIMUO	STA	TE
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STATE OF MARYLAND

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(VRA 15, 4)

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REGISTRAR

13e STREET ADDRESS / ZIP CODE Bank Street 21224 Celestine Mizejewski 7039 Bank Street PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE 86 and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN CHURCH HOSPITAL CORPORATION BROADWAY BALTIMORE. 230 BURIAL, CREMATION, REMOVAL COUNTY STATE Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 John M. Weber & Sons Inc. 401 S. - municipal my particulation

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

126. KIND OF BUSINESS OR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 050095 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20. DATE OF DEATH MONTH TYPE OF PERSON monRos 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. 5EX IF UNDER I YEAR IF UNDER 24 HRS MONTH. earold 11909 Dct. Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE LETHIS DEFOREGO MARRIED LI NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) HALLES DENCE IN THE HOME OF THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21216 DA STATE ISE/COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LYMITS? 13e.STREET ADDRESS / ZIP CODE Bal NO walbrook HEFATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST JUDD ME WAS DECEASED EVER IN U.S. ARMED FORCEST 166 SOCIAL SECURITY NO 17 INFORMANT EVES INCOCK UNKNOWN) 1008 RUTLAND 1 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O DUE TO, OR AS A CONSEQUENCE OF Conditions, If any, which gave rise to immediate enuse or, shirting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CAT 19s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F THE ACCIDENT WAS UNDERLYING. 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [] CAUSE OF DEATH 18 ERHER, HOTET MEDICAL EXAMINERS 714 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET NOT WHAT 220.1 certify that (1) (this hospital) attended the deceased fram. sow the deceased alive on. and that in (my) (our) opinion death occurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death. 77h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS E PHYSICIAN'S NAME (TYPE OF PRIL o t CRE

DHMH - 16 60M 7/84

73n BURIAL

(VRA 15, 4)

74 FUNERAL DIRECTOR.

73b. DATE

23c NAME OF CEMETERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 045122 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE DECEASED NAME 7g DATE OF DEATH 7h HOUR LIYPE OR PRINT MOORE FANNIE 3. SEX 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR 82 Female 103 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY mo. USA WIDOWED DIVORCED BALTIMORE 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lutheran Hospital ynd-136 COUNTY 13a STATE 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 10 7 N. Para St Balto. Ind. YES M NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST 4n Known 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) F. Moore 2419 1 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY DECURIT IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES [NO T Hygie 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 71d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION ä CITY OR TOWN STATE pud I AT HOME STREET, FACTORY OFFICE, FARM ETC) NOT WHILE 86 22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. X6 and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated obave, (1) (we) (did) (did nat) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT

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DHMH - 16 60M 7/84 (VRA 15. 4)

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230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Cenetery

22e ADDRESS

COUNTY

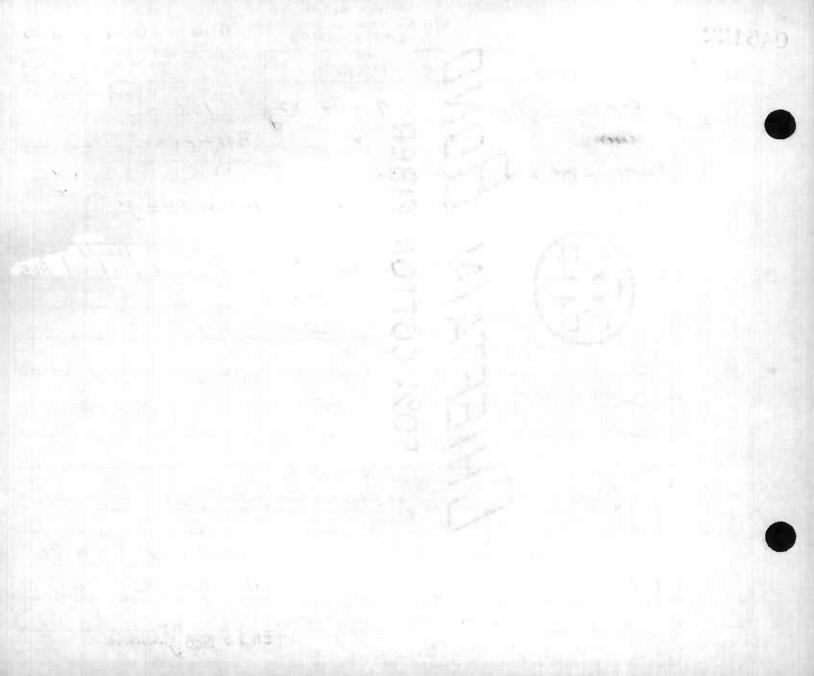
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24 FUNERAL DIRECTOR F. H. West

MANG

HOSPITAL

ISTRAR'S SIGNATURE



PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 220 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN - Baltimore, Maryland 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park Salisbury, Wicomico, Maryland 2/15/1986 Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Holloway Funeral Home, P.A., Salisbury, Maryland FER

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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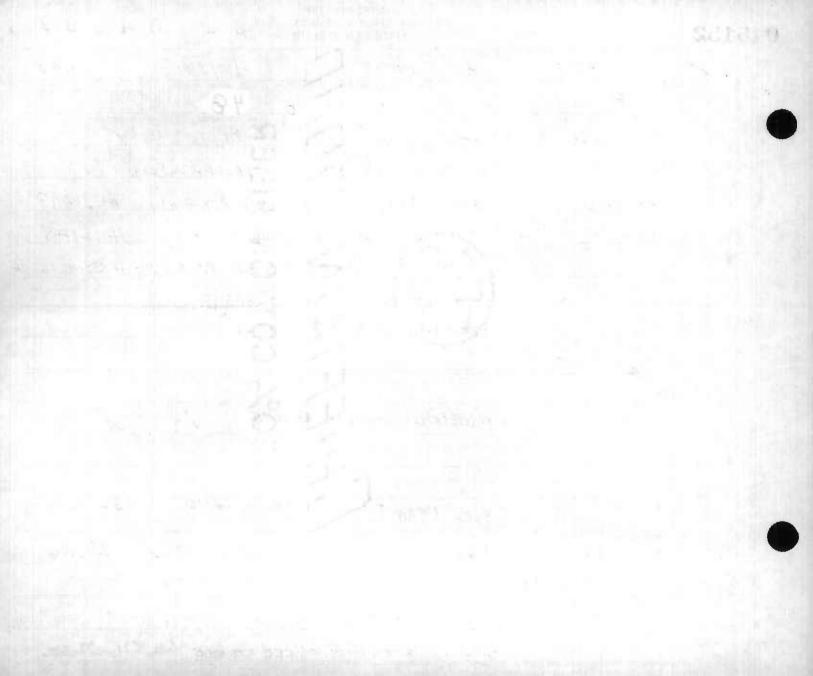
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(VRA 15, 4)

BURTAL 02-15-86 24 FUNERAL DIRECTOR BROWN/THOMPSON FUNERAL

236 DATE

230. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY ARBUTUS MEM. PARK

HOME

STATE OF MARYLAND

23d LOCATION

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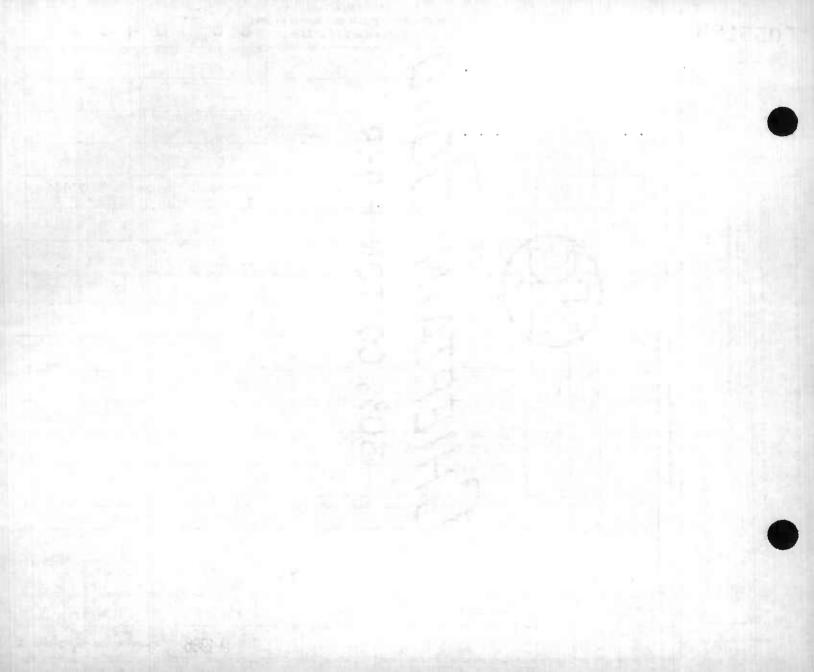
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MARCH FUNERAL HOMES 1101 East North Avenue



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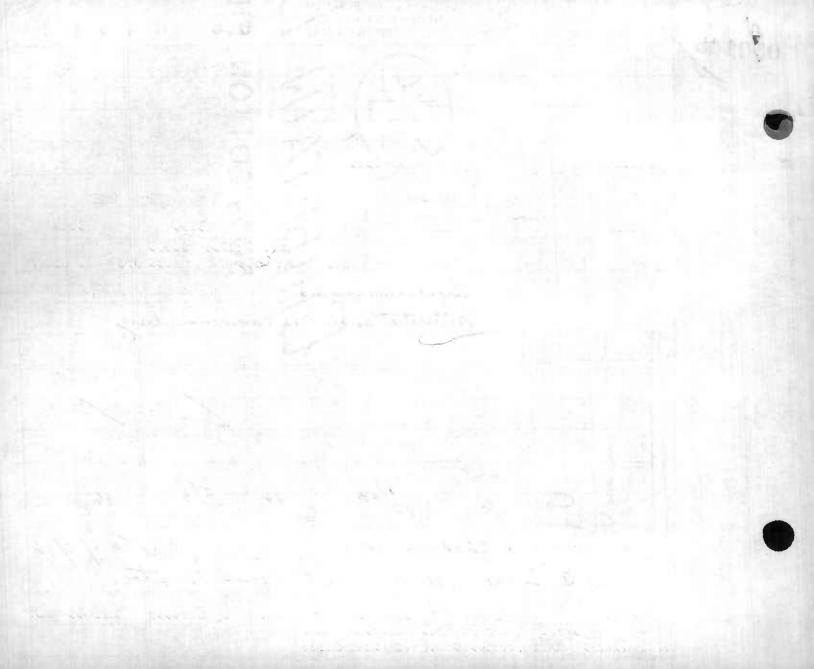
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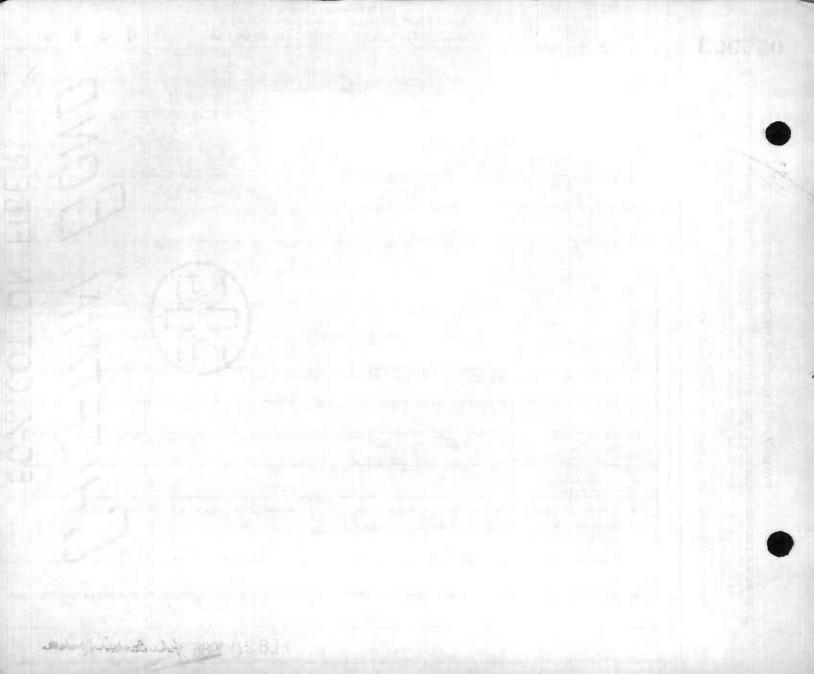
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 055003 DECEASED NAME FIRST 20. DATE KNOWN X MONTH YEAR 26 HOUR LIYPE OR PRINT) OF ESTI-ESSARY, PLEASE ERAL DIRECTOR. OR YOUR FILES. ITHIN 72 HOURS PRESTON STREET, Ellis 14 19 86 Garv Murphy 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH 11:09 LAST BIRTHDAY PRONOUNCED 1986 DEAD 15 1955 male lb]ack 30 10 p BIRTHPLACE FOREIGN COUNTRY) Md Ta BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED US WIDOWED DIVORCED Baltimore City 12a USUAL OCCUPATION (TYPE OF WORK 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY Unemployed Baltimore 3907 Fairview Avenue USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13e. STATE 36. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4133 Fairview Avenue 21216 Baltimore Md YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Deloris Marshall Ellis Murphy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO T. PAGES I Murphy 116 Brookbury Drive Md 217-66-8279 Ellis No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Stab wound of chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. AN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT BELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART 1 (a) USED AS A B CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO [E 3 SHOULD BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 0 UNDERLYING CON CONTRIBUTING CAUSE OF DEATH 10+ P.M. 14 186 subject stabbed 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK XX EXECUTE THE CERTIFICATE, WR. PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 street 3300 Blk. Chelsea Terrace, Balto. City. Autopsy X 22a. I certify that I taok charge of the remains described above, held on Inspection Inquiry ond in my opinion Homicide X death resulted from Undetermined manner Natural causes Accident TITLE (SPECIFY) ACTUAL 2/15/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STM d Burial 2/21/86 King Memorial Park Randallstown 07/84 BP 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** William C. March F/H West 4300 Wabash Avenue (VR A15 ME (5))

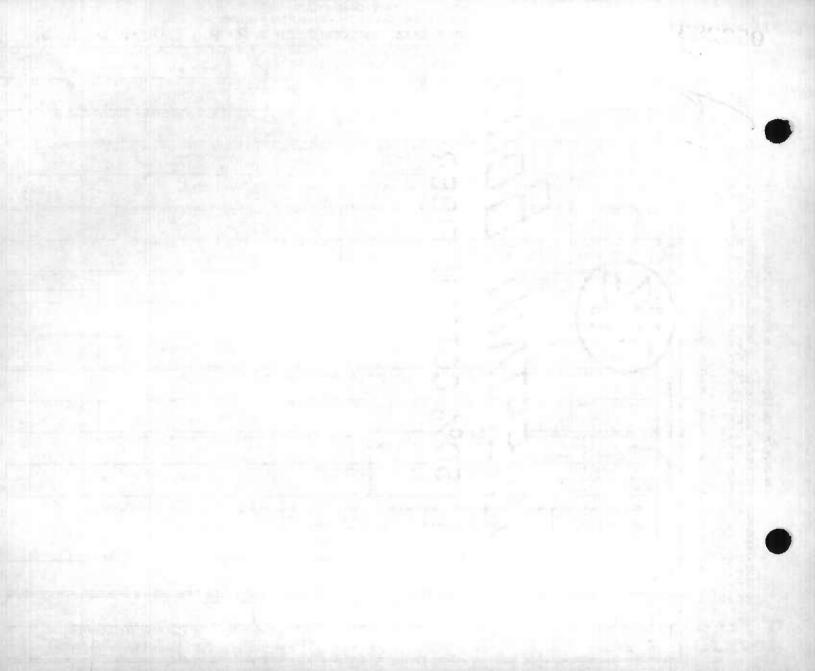


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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF SEATO REGISTRAR 20 DATE KNOWN DECEASED NAME 2h HOUR (TYPE OR PRINT) ESTI-OF Stanley DEATH MATED Murray 19 86 4 RACE IF UNDER 1 YR. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 10 PM 28 DEAD 6 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X MARYL AND U.S.A. WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore 1815 McCulloh Street N/A USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY CIMITS? 13e STREET ADDRESS MARYL AND 21217 BALTIMORE YES Y 1815 MCCULLOH STREET NO T 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE UNKNOWN ELIZA FREFMOND 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS 212-01-4586 MARCELL BROWN 1815 MCCULLOCH ST CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION Diabetes mellitus USED AS ICATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIGR TO BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NOY 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CEPTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE Inspection X 220. I certify that I taok charge of the remains described obave, held on Autopsy Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 2/13/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Balto, MD (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL 2-18-86 07/84 GARRISON FOREST T CHING MILS IMAK TI 25M 24. FUNERAL DIRECTOR **DHMH** - 17 Jana Sendon-Rondoll WM.C.MARCH F/H INC. 1101 E.NORTH AVENUE (VR A15 ME (5))



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	FOR	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

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INDUSTRY Law 126. KIND OF BUSINESS OR

220 DATE SIGNED

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 0

4	REGISTRAK		CERTIFICATE OF PERSON	REG. NO.	
	I DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	(TYPE OR PRINT) Thomas	Thornton	Murray	Feb. 15, 1986	
1	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 P
	Male	White	Feb. 24, 1920	65 YRS.	MONTHS DAYS HOURS N
p.		TO CITIZEN OF WHAT COUNTRY?	8 XX	BAITIMORE CITY OF COUNTY	OF DEATH
	Maryland	U.S.A.	MARRIED NEVER MARRIE WIDOWED DIVORCE	Baltimore Ci	ity
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTIO		126. KIND OF BUSINESS
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2	USUAL RESIDENCE (IF NURSING HOME OR			Danyer	2011
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Η	14. FATHER'S NAME		15. MOTHER'S MAID		-
3		rles Murray	y Ruth	WIDDLE	Thornton
П	160. WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	DRITY NO. 17 INFORMANT	ADDRESS	
	(YES NO OR UNKNOWN) (IF YES GIVE WW	11 217-07-4	4954 Mrs. T.T.	Murray 350 Paddingto	on Road 21212
	18 CAUSE OF DEATH (Enter and	y ane cause per line for Jal. (b), and	dic	0001	BETWEEN ONSET AND DEA
	PART I. DEATH WAS CAUSED	CAUSE (a) MOCAL	2DIAL INFAR	CHON	0
			ENCE OF		
	Canditions, if any, which	DUE TO, OR AS A CONSEQUE	INCE OF		
	gave rise to immediate	(0)			
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF		O CONTRACTOR
		(c)			
		ONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIV	VEN IN PART 11a
	OL .				
2	5 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	H H				ES NO
1	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c. HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
f	OR CONTRIBUTING CAUSE OF DEAT		AY YEAR		
	OR CONTRIBUTING CASE OF DEAT	21e PLACE OF INJURY	211 LOCATION		
	AND MARKET	(AT HOME STREET FACTORY, OFFICE F	FARM ETC] STREET	CITY OR TOWN	COUNTY STAT
	AT WORK AT WORK		111	86 1/11	86
		al) attended the deceased from	1	10 11	1930, that (1) (we)
	saw the leceased alive abave (1) (we) (did) did nat	view the bady after death.	, and that in (my) (aur) a	pinian death accurred an the date and had	
	226. SIGNATURE		DEGREE		220 DATE SIGNED

BP.

should be detached for with the State Dept of

MPORTANT.

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Cremation 2-19-86

James Kleeman

23c. NAME OF CEMETERY OR CREMATORY Greenmount

22e ADDRESS

Baltimore City

MEDICAL STAFF

Osler Medical Center

Maryland

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212 250. DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGN TORRE

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Fig. (CO) 45 Jbl - Fig. Fig.

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STATE OF MARYLAND

.C.M. COMPANY TO THE SERVE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYC	SIENE 8 & REG. NO	0 4	6 1 8
1		CEASED NAME FIRST		MIDDLE	(AST	20. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
1	(III)	Mr. Chai	rles Pa	aul Myer	s Sr		Februar	y 16 1986	10:15P _M
ı	3 SEX		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1	YEAR IF UNDER 24 HRS
	Ma		Caucasia		Augus	t 29°11925 YEAR	60	YRS.	DAYS MUNS MIN.
1		RTHPLACE ISTATE OR FOREIGN	United S	WHAT COUNTRY?	MARRIEI WIDOWE		Baltimore (·H MD.
1000		altimore	11. NAME OF I	HOSPITAL, NURSING	pital	OR OTHER INSTITUTION	12a USUAL COLPATION OF COLPATIO	F WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
	May May	RESIDENCE IF NURSING HOME OR TATE TYLAND BALLIN	OTHER INSTITUTION. ITY IDPE	ISC CITY OR TOWN		13d INSIDE CITY LIMITS?	136 STREET ADDRESS 515 Marshall	ZIP CODE Avenue	21208
1		THER'S NAME Omas Newton Myers	MIDDLE	LAST		Ethel M. Nayl	MIDDLE		LAST
7	160 W	AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) I IF YES, GIV WW	MED FORCES? E WAR OR DATES) 2	218-26-94		17 Messalfyrtle M 515 Marshall		kesville	21208 Maryland
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	(b) DUE TO, O		NCE OF Gash	o intestinal	bleeding MINAL DISEASE OR CON	DITION GIVEN IN PAR	RI Ira
1	ON	(K) lun	9 10 be	ctons.		A			
1	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FI	
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PAR	RT 2)
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	wn count	TY STATE
		22a.1 certify that (1) (this haspi	tal) attended th					19.86	thatX (we) last
		saw the deceased alive an abave, XI (we) (did) XIX	2/16 X view the body	after death	36_, an	id that in $(\mathbf{x}_{\mathbf{Y}})$ (our) apinion	death accurred on the de	ate and have and from	n the causes stated
		22b. SIGNATURE	No MI		(DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F	DATE SIGNED
		22d. PHYSICIAN'S NAME (TYPE O	RPRINT)			3900 TOCH	RAVEN BLVD.	RATATIMORE	: MD
-	23a D	LIRIAL CREMATION REMOVAL	Tash DATE	122. NI	AME OF C	EMETERY OF CREMATORY	1234 LOCATION		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Burial 2-19-86 Druid Ridge Cemetery
Loring Byers Funeral Directors, Inc.

26728 Alberty Road Randallstown, Maryland 21133

Pikesville

Baltimore Maryland

FEB 1 8 1986 Julia Laurian 1986

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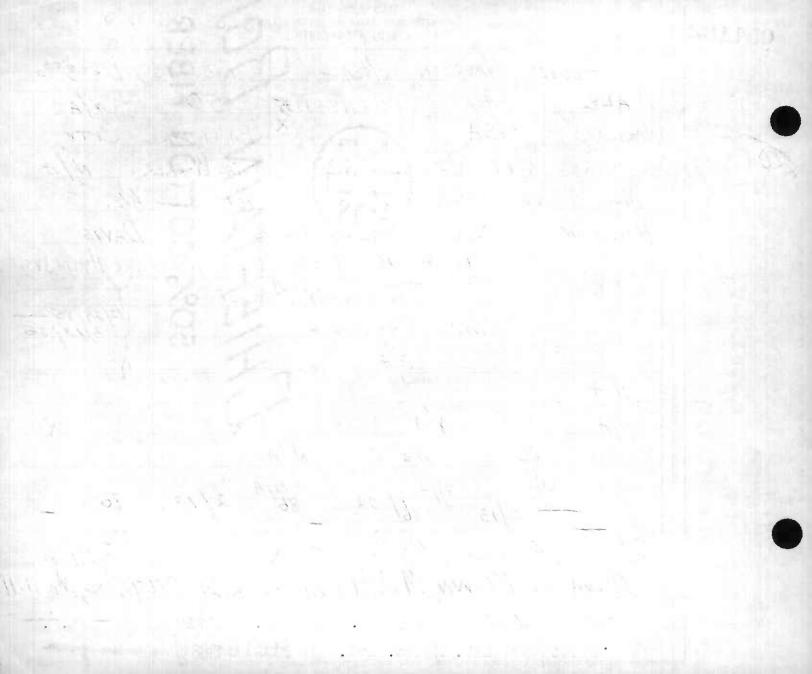
575 leu-carda Avenue 21208

1	FOR		1	EPARTMENT OF	HEALTH A	IND MENTAL	HYGIENE	24	1	1 0	
SC071	- STATE REGISTRAR		ME	DICAL EXAMIN	NER'S CE	RTIFICATE	OFDEATH	l Rig.	NO 3	1 4	
	DECEASED NAM	German German	us (Germy	James James	LAS A	Nally		DATE KNOWN OF ESTI- DEATH MATED	MONIH 2	DAY YEAR 20 1986	26 HOUR
NOUR IN	Male	White	5. DATE OF BIRTH			DAYS HOURS		DATE DNOUNCED DEAD	MONTH 2	20 1986	9:57 a
S FOR Y	FOREIGN COUNTRY	and	76. CITIZEN OF WH		WIDOWED		RIED X	altimorecut	_	Y OF DEATH	ME
	Baltimo	re	3800 H	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) Udson Stre	et	INSTITUTION	12a USUAL FORMOST RE	OCCUPATION (OF WORKING LIFE)	TYPE OF WORK	OR INDUST	USINESS TRY UCTION
RETAIL RECOR	Marylan	d 13b. COUNT		131 Baltimor	13	d. INSIDE CITY LIMITS? YES XX NO [13e STREET	ADDRESS Hudson	Stree	t 21224	
2500	FATHER'S NAM Mich	ael	William	Nally		Joseph		MIDDLE		ssner	
DIVISION O	Yes NO, OR UNKN		VAR OR DATES)	217-05-18		Barbara	Busch	809 S. (
AL. AL.	PARTID	OF DEATH (Enter and EATH WAS CAUSED IMMEDIAT	BY: E CAUSE (a)	Arterioscl		cardiova	ascular	disease	9	BETWEEN ONS	TE INTERVAL ET AND DEATH
AER ANSIT	gave r	ons, if any, which ise to immediate a) stating the under-	(b)	AS A CONSEQUENCE							
SENT SENT SON,	lying ca	use last.	(c)	OUT NOT RELATED TO THE TER		COMPLIAN CINEM IN	PART 1				
ASA CREM		F OPERATION		ION FOR WHICH OPE			FART 1 (Q).			20 AUTOPS	Y2
MI OF HE BURIAL	190. DATE O	AL CAUSE WAS	21b. TIME OF			/ INJURY OCCUR	DED SENTER NATI	BE OF IN III DV IN ITEM	10 BART 1 OR BA	YES 🗆	но ∑
	UNDERLYING	ING CAUSE OF D	P.M.	MONTH DAY YEA	AR 211 LOCA		KED (EMENANCE			N(2)	
WARDEL PAGE 3 TATE DE 21201 P	WHILE AT WORK	NOT WHILE AT WORK	STREET FACT	ORY, FARM, ETC.)	STRE			TY OR TOWN	COL	UNTY	STATE
BE FOR FILES HTHE S	22a I cert death resul		e af the remains desc al causes	Accident , S	Autapsy	Hamicide		nquiry .	and in my ap	inian	
THE CERT SHOULD I STAL DIRE SATH, WIT ORE, MARY	ACTUAL SIGNATURE	M	29	5	M.D.	TITLE (SPECIFY) Assista	nt_medica	EXAMINER	DATE SIGNE	· 2/20	0/86
INCE TO SECOND	EXAMINER'S (TYPE OR PR	INITA AND	M. Dixon,				ll Penn		alto.MI) .	
	SPECIFY) FUNERAL DIRECT	ation, REMOVAL 2:	2-21-86	23c NAME OF CE Westvie	emetery or c	rial		view, Ba	Lto.Co.	., Md.	STATE
DHMH - 17 (VR A15 ME (5))			& Son Inc	. 901 5.00	onkling	25a. DAT	FEBZ1	1985 A	GISTRAR'S S	IGNATURE ONE	اللمار

STATE OF MARYLAND

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DIVISION OF VITAL RECORD



51166	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MEN CATE OF DEA	NTAL HYGIEN	0 0	0	4 6	21
2 7 H	{ TYPE	CEASED NAME FIRST OR PRINT)	Juseph	H.	00	seel)	Maj	DATE OF DEATH	2-1	14-8G	5.20 p M
ge 4 ma	II. SEX	male	blac	K	5. DATE O	DAY	YEAR 24	AGE (IN YEARS LAS	YRS.	MONTHS DAY	
nerol dir n 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF V	VHAT COUNTRY?	MARRIED WIDOWEI	NEVER MAR	RRIED -	Baltin Baltin	YOR COUNTY	CIFI,	/ MD
All All	10. CI	el-more		OSPITAL, NURSIN		OI tal		USUAL OCCUP TOPE OF WORK FOR MO Une m		E) INDUSTR	
24 hour		AL RESIDENCE I IF NURSING HOME OF		Baltino	N	13d INSIDECITY YES X NO	LIMITS?	STREET ADDRES		urton	St 2121
ed with	1	TOSEPH	B.	Wise		15. MOTHER'S MA	I.			_ \	seal
on ond co		VAS DECÉASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GI	MED FORCES?	2/8-18-	3676	Francis	Ray	21011	Ash hum	ton Sy	treet
that the death certification of by the attending please remove carbon tol, cremation, or remore or other troumotic eve		Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE Repartic	NCE OF	cephal	lopath	7	18		
requires en signe or to burt y injury, o	NOIL	PART 2. OTHER SIGNIFICANT							13.55		475
he low on. hos be t permi	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION			YES NO	IN CERTIF	YING CAUS	DINGS USED SES OF DEATH? NO [
SICIAN: T ag physics certificate ricol-trons ental Hygi		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.A	A. MONTH DA	AY YEAR		RY OCCURRED	(ENTER NATURE OF	P 81 METI MI YRULMI	ART LORPART 2	2)
offer this os the but of the ord M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET, FACTORY, OFFICE F		211 LOCATION STREET		CITY C	RTOWN	COUNTY	STATE
ATTENDIII Spitol or CTOR: A for use of Healt		220.1 certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (did) (did no	2-14	19	de	d that in (my) (ou	r) opinion deo	th occurred on th	e date and hou	r and from t	_, that (I) (we) lost the couses stated
IAL OR A the hor tal DIRE detoched one Dept. II. If hem		22b. SIGNATURE	us.		D	PHY	ENDING	MEDICAL SIRECTOR PHY	STAFF SICIAN 2	22c. DA	TE SIGNED
O FUNERA Hould be d hould be d hould be d APORTAN		A. Wather	OR PRINT).			220 ADDRESS Luther	an Ho	spitel	. 730	Ashhi	ulist.
26 5 23 ₹	23a F	LIRIAL CREMATION REMOVAL	123h DATE	23c N	NAME OF CE	METERY OR CRE	MATORY	234 LOCATION			

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

236 BURIAL, CREMATION, REMOVAL

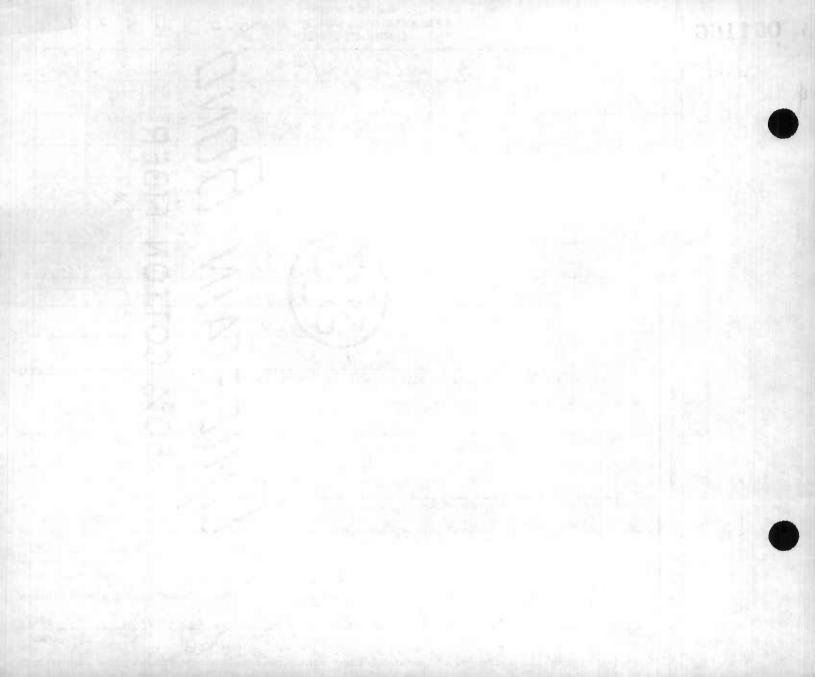
23b DATE

23¢ NAME OF CEMETERY OR CREMATORY

236 LOCATION OWING

COUNTY

md



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 20 Countil Page 4 may be	certificate be executed within 2 cours of death. P
etained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and manetal filled. To FUNERAL DIRECTOR after this certificate has been signed by the attending physician and manetal filled. The standard by the control transmission of the control filled in	ng physicion ond companies litted to the bondopers. Pages, and a should be litted to the companies of the co

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	0	-		77		

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1 DECEASED NAME FIRST	Neall	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOURS
3_SEX	RACE B	5. DATE OF BIRTH MONTH DAY VEAL 07 04 C	6. AGE (IN YEARS LAST BIRTHD.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	- DAT MINODI	
BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI LUTHERN HO		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W LABORER	
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COU				P CODE 21202 FAYETTE STREET
UNKNOWN	MIDDLÉ LAST	15 MOTHER'S MAIDE FIRST EMMA	N NAME MIDDLE	SMITH SMITH
(160 WAS DECEASED EVER IN U.S. A	SIVE WAR OR DATES)	-4706A ANNIE	ESTERS 312 E	The state of the s
Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO		TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\begin{array}{c} \ext{NO} \\ \ext
OR CONTRIBUTING CAUSE OF D	(ER) P.M.	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART ORPART 2)
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	9 406	CITY OR TOWN	COUNTY STATE
saw the deceased affine a above, (1) (we)-raid; (and a	pital) attended the deceased from	ond that in (my) (our) op	union death occurred on the date	ond hour and from the causes stated
27d PHYSICIAN 5 NAMED UPPE	Elle	DEGREE ATTENDI PHYSICI		2/15/81
Moges	Gebreman	22e ADDRESS		

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: H

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAT

236 DATE 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION
BALTIMORE

2 20 -86 BALTIMORE 24 FUNERAL DIRECTOR

FEB 1 8 1986 PARTICIAL OF THE PROPERTY OF THE

WM. C. MARCH F/H INC. 1101 NORTH AVE.

2
ENDING PHYSICIAN. The low requires that the death certified in the second within at local after rate 4 may be of or attending physician.
28. After this certificate has been signed by the ottending. 28. After this certificate has been signed by the ottending. 39. A property of the property of the other property. 39. A property. 49. A property. 49

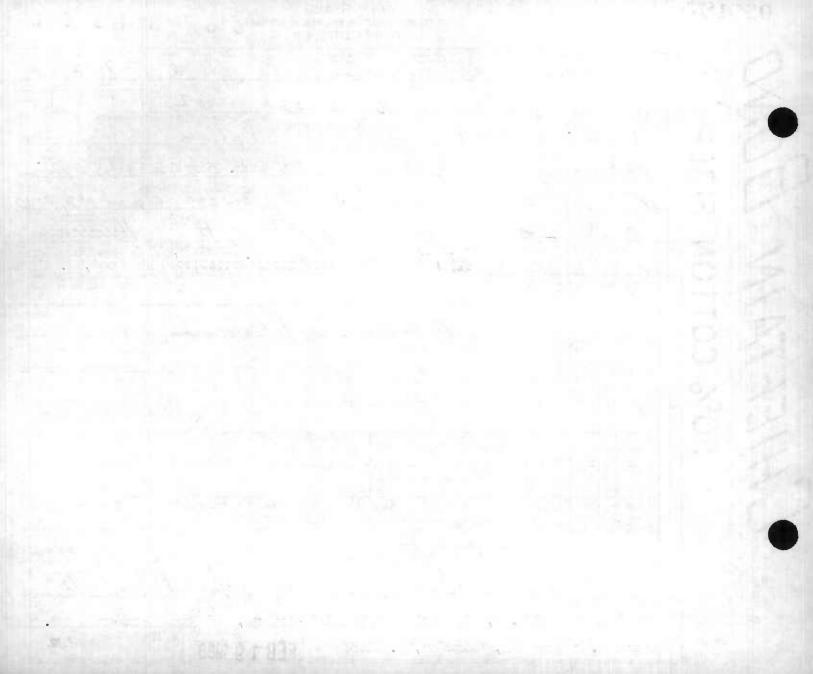
	1.	FOR STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 6	0 4 6	2 3
7059		REGISTRAR CEASED NAME FIRST OR PRINT)	ELIA Ma		LAST ELSON	TO DATE OF DEATH	ONTH DAY YEAR	26 HOUR 5 17 5 Pm M
tor, page 3 softer death	3 SE	FEMALE	1 RACE CAUCASIA	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1		RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY? 8. MARRI WIDOW	ED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	MD
	-	BALTIMO RE	(IF NOT IN SUCH FACILITY,	, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	N 12b. KIND O WORKING LIFE) INDUSTRY	DELLASS
intely filled in	13a. :	AL RESIDENCE (IF NURSING HOME O STATE 13b COU MO ATHER'S NAME	R OTHER INSTITUTION GIVE RESIDE NTV 131. CITY			ME	ZIP CODF	21225
1		VAS DECEASED EVER IN U.S. AI	MED FORCES? 166 SOC	3-200 TAL SECURITY NO.	17 INFORMANT Gary W. Ne	ADDRESS		V. I.
gures that the death certifiers signed by the ottending her please remove carbon with to buriol, cremation, or removing itary, or other troumofic event	NO	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	TRICULAR DINSEQUENCE OF DINSEQUENCE OF		MINAL DISEASE OR CONDI		IMATE INTERVAL ONSET AND DEATH
he low re ion. hos been t permit it permit it news ony is	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	OF DEATH?
IG PHYSICIAN The other ding physicic content in this certificate is the burial-transit and Mental Hygiciked octatem 18 sha	MEDICAL CER	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ATH HOUR A.M. MOI	——————————————————————————————————————	211 LOCATION STREET	RED (PATER NATURE OF INJURY)	IN ITEM 18 PART I OR PART 2) COUNTY	STATE
PITAL OR ATTENDIN by the hospitol or r IERAL DIRECTOR. After defacthed for use or State Dept of Health ANT: if them 21 is mor		270. I certify that (I) (this hosp saw the deceased alive are above. (I) (we) (did) (did no 27b. SIGNATORE	Galvin Ty			, to 7,70 death accurred on the date	ond hour and from the	
retoined by it. TO FUNERAL should be det with the Store	22.	HOMAS	JAIVIN	Los Maris de		DUTH HANDVER	st_	
BP	24 F	SURIAL, CREMATION, REMOVAL SPECIFY) Burial JNERAL DIRECTOR		Glen H	aven Mem Park			STATE Md
DHMH - 16 60M 7/B4 (VRA 15, 4)	G	eorge J. Gonce	4001 Ritch	ries Hgwy	Balto Md Ft	B24 1986	REGISTRANS, SIGNAT	Elida Ma

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STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DECEASED NAME FIRST				REG. NO.			
TYPE OR PRINTS	WIDDLE	LAST		20. DATE OF DEATH	ONIH DAY	YEAR 2b H	IOUR
EUGENE	E W.	NEWMAN		0:	2 17 8	86 8:	40P M
SEX	4 RACE	5. DATE OF BIRTH MONTH DAY	YEAR	6 AGE (IN YEARS LAST BIRTH			NDER 24 HRS
male	black	1 27	1922	64	YRS.		
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVE	R MARRIED	9 BALTIMORE CITY OR	COUNTY OF DE	ATH	
Md	USA	WIDOWED	DIVORCED [BALTIMORE	, CITY		ME
Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST VAMC, BALTIM	REET ADDRESS) ORE MARYLAND	21218	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Unemployed		KIND OF BUS DUSTRY	SINESS OR
SUAL RESIDENCE (IF NURSING HOME)			CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE Exington	Stree	t 212
Robert	MIDDLE LAST NEWM		R'S MAIDEN NAI			Howe1	
11	ARMED FORCES? 166 SOCIAL SI GIVE WAR OR DATES) 217-14			ADDRES		ue	
18 CAUSE OF DEATH (Enter	only ane couse per line far (o), (b),					APPROXIMATE I	NTERVAL AND DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (a) CAI	2Diopulmo,	VARY	ARREST	1	ninut	2.5
cause (0), stating the underlying cause lost	DUE TO, OR AS A CONSE	OUENCE OF					
PART 2 OTHER SIGNIFICANT	TONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERM		TION GIVEN IN I	PART Ira	
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	AIWRE	20a AUTOPSY?	TION GIVEN IN I	E FINDINGS U	
Underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 210, INJURY OCCURRED	(c) T CONDITIONS CONTRIBUTING TO POSS SON WE 196 CONDITION FOR WHI 216. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT NOT RELAT THE PRESENT OF THE PRESENT	FORMED INJURY OCCURE	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING (YES IN 11EM 18 PART LOR	E FINDINGS U CAUSES OF D	EATH?
Underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 210, INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK 220, I certify that (X) (Ithis has saw the deceased alive of obove, X (we) (did) (X)	(c) T CONDITIONS CONTRIBUTING: 196 CONDITION FOR WHI 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF)	DAY YEAR 19 10 DEATH BUT NOT RELAT 10 DEATH BUT NOT RELAT 10 DEATH BUT NOT RELAT 11 DEATH BUT NOT RELAT 12 DEATH BUT NOT RELAT 21 DEATH BUT NOT	FORMED INJURY OCCURR TION EET 19 86	200 AUTOPSY? YES NO RED (ENIER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, WERE IN CERTIFYING (YES IN ITEM IS PART FOR CO 1986	PART 2) UNITY thot j	STATE X (we) los
Underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (If EITHER NOTIFY MEDICAL EXAMIN AT WORE AT WORE 22a. I certify that (X (this has saw the deceased alive obove. X (we) (did) (X X 22b SIGNATURE)	CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH THE CONTRIBUTION CONTRI	DAY YEAR 19 10 DEATH BUT NOT RELAT 10 DEATH BUT NOT RELAT 21 CHOW 21 CHOW 21 LOCA 518 21 LOCA 518 DEGREE	FORMED INJURY OCCURE TION EET 19 86 ATTENDING PHYSICIAN [200 AUTOPSY? YES NO RED (ENIER NATURE OF INJURY) CITY OR TOWN	20b. IF YES, WERE IN CERTIFYING (YES IN HEM 18 PART LOR 10 1986	E FINDINGS U CAUSES OF D NC PART 2)	STATE X (we) los
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DHMH - 16 60M 7/84 (VRA 15, 4)

William C. March F/H West 4300 Wabash Avenue

LEB 2 0 1986

REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH YEAR ATYPE OR PRINTS 9/19€€ 4 RACE IF UNDER LYEAR 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH MONTH YEAR 06 LUSSich 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRYL Beltinore Cit Maryland WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bar Tender 14 05 pirt 4 USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) LIS COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 516 Overbrook Road 27272 Maryland Baltimore Towson NO M HEATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Julius Newton Anne Francis 17 INFORMANT Mrs. Scarle topresoewe 166. SOCIAL SECURITY NO 160/WAS DECEASED EVER IN U.S. ARMED FORCES? 516 Overbrook Rd. Towson, Maryland 212-03-5851 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY gridige IMMEDIATE CAUSE to espiratory Failers Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON 216 TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this haspitally attended the deceased from sow the deceased give on 2/12 obove (I) we) did (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 0 23m BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Baltimore 2/15/86

- STATE

Burial

8728 Liberty Road Randalls town, MD.

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭

CERTIFICATE OF DEATH

Lorraine Park Cemetery

FEB

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 136 DATE REC'D. BY REGISTRAR 256 REGISTRAR 250 REGISTRAR

21133

2b. HOUR

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e 3 de 6 d		ORPRINT) Willi	am D.		NEWTON		24, 1986	11:52
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d w		Elbert	Newton LAST		Nannie	WIDDLE	SIZEM	
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v rec	ATIC	190 DATE OF OPERATION	19b CONDITION FOR WHICH			20s AUTOPSY?	20b. IF YES, WERE FIR	NDINGSTISSE
n. n. sos b ne pr	CERTIFICATION	THE DATE OF OFERATION	THE CONDITION TOR WITHOU	TOTERATIO	NAS PERIORMED		IN CERTIFYING CAL	JSES OF DEATH?
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OR A DIRE Ched Ched Dept.		22b. SIGNATURE	11 11 .	N	DEGREE		22c. D	ATE SIGNED
te et e		(- sus //	lem to	CU	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN TO	2/24/86
HOSPITAL ned by the FUNERAL state State State State State		220 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			,, = 1, 00
O HOSPITA		Gary Merritt	s. M.D.		c/o Mari	land Genera	1 Hospital	7
shouth with	23a. F	BURIAL, CREMATION, REMOVA		NAME OF	EMETERY OR CREMATORY	23d LOCATION	I hospital	
RP 8		Burial			Mem. Park	Ballto	COUNTY	Md . STATE
UI	24 FI	JNERAL DIRECTOR				E REC'D. BY REGISTRAR		NATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)			n & Sons 1701	Lau	ens St. F	FR 2 6 1000		W W
(VRM 13, 4)							1. 90 1 00	100

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN ESTI-J. DEATH MATED WILBUR NIGHTINGALE 2-6-86 19 4. RACE IF UNDER 24 HRS 2d. HOUR DATE PRONOUNCED Male White /1904 DEAD 1:51AP 2-8-86 19 TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA WIDOWED X DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS St. Balto. Md. Baltimore 13d INSIDE CITY LIMITS? Baltimore Maryland YES A NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Nightingale Unknown IInknown 21206 ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? Balto Md. 2 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) 212-16-2091 Anthony Ave. Mr. Norman J.Evans.5107 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Arteriosclerotic cardiovascular disease AS A BURIAL - TRANSIT PARTH AND MENTAL HYGICREMATION, OR REMO DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (G. USED AS A E CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES [DEPARTMENT NO V 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART TOR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f LOCATION EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC 1 WHILE NOT WHILE CITY OR TOWN STATE Inspection X 220. I certify that I taak charge of the remains described above, held on Autopsy and in my apinian death resulted fram Suicide Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Cedar Hill Cemetery 2/12/86 Balto.A.A.Co.Maryland 07/B4 BP 250. DATE REC'D. BY REGISTRAN 256. REGISTOAR'S SIGNATURE 24 FUNERAL DIRECTOR Balto.Md.21230 **DHMH - 17** Funeral Home, 130 E. Fort Ave. (VR A15 ME (5))

STATE OF MARYLAND

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Parell- infoield acquitte for loss 21212 | Fare View State

1	FOR STATE REGISTRAR	DEPARTM	ENT OF HEA	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	4 6 3 0
ı	1 DECEASED NAME FIRST	MIDDLE	LAS	1	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4	WILLIAM	R.	NORT	'H	(Feb) 2	10 86 2号, M
1	3 SEX 4	RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1	MALE	WHITE	MONTH	17 22	63 YRS	
1	76. BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
4	Maryland	U.S.A.	WIDOWED		Baltimore c	itv MD.
Ā	0 CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING		OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	126 KIND OF BUSINESS OR
Ч	Baltimore	Bon Secours H		1	Security Guard	
2	USUAL RESIDENCE (IF NURSING HOME OR OT)			34 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	F
À	Maryland	Baltimor		YES 🖟 NO	644 S. Payson	
A.I	14 FATHER'S NAME	DDLE LAST	1	5 MOTHER'S MAIDEN NAM		LAST
	Alan	Nor	th	Katheri		Will
	Conditions, if ony, which gave rise to immediate couse (a). stating the underlying cause last.	one cause per line for (a), (b), ogo BY: CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF THEATH BUT N	Mest - LLG SECTIC Weller The CA OT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIT	APPROXIMATE INTERVAL BETWEEN ONSEL AMPOEATH WWW.LS
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	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		PII LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 I certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did nat) v	210 198			death occurred on the date and ha	
	226. SIGMATURE W	un mir)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
	MANCGUND F.	MBUERNE	00	1940 W. 1	Bulk ST Bell	v. hd 23

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT. If Item 21 is marked or Item 18 shows any

(SPECIFY) 2/13/86 Burial 24 FUNERAL DIRECTOR

238 BURIAL, CREMATION, REMOVAL

230 NAME OF CEMETERY OR CREMATORY New Cathedral Cem.

23d LOCATION
CITY OF TOWN
Baltimore

Maryland COUNTY

21229

23b. DATE

250 DATE MECED BY REGISSPAR 256 REGISTRAP SEIGNATION

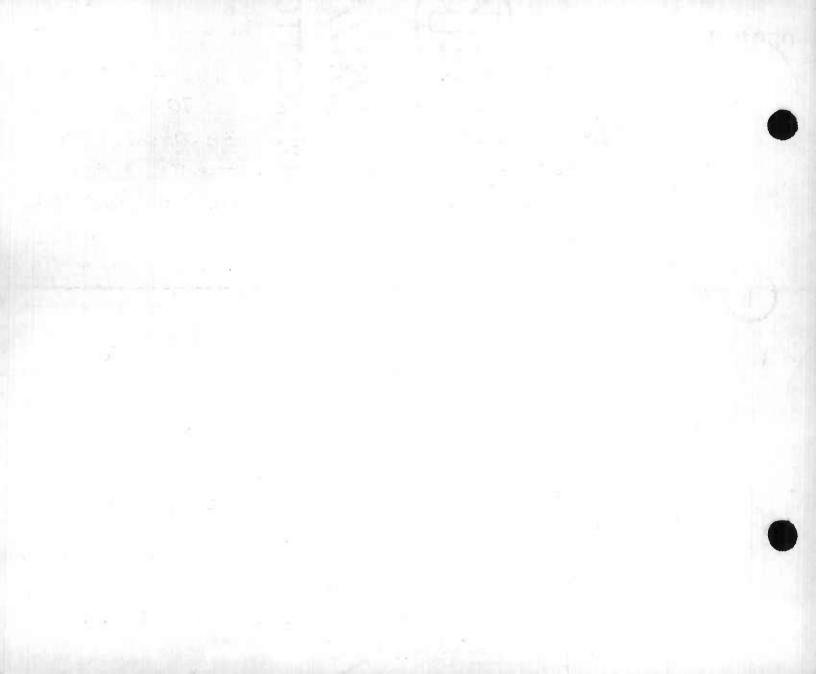
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

,)45015	1	FOR - STATE - REGISTRAR CEASED NAME FIRST	DI	EPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	O 4 6	3 1
of the of		MORRI.		OBERA	nsN	20. DATE OF DEATH	2-7-76	26 HOUR 5
rectb., page urs effer o	3 SE	MALE	White	5. DATE C	P DAY 99	6 AGE (IN YEARS LAST BIRTH	MONTHS DATS	IF UNDER A HRS
death. Po		IRTHPACE (STATE OR FOREIGN COUNTY)	76. CITIZEN OF WHAT COL	MARRIE WIDOWE	D NEVER MARRIE.	BALTI	MORE CITY	MD.
by the filed wi	В	ALTIMORE	LEVINDAL	STREET ADDRESS)	OK OTHER INSTITUTION	LIVEL OF WORK FOR MOST OF	WORKING LIFE LINDUSTRY	RETAIL
filled in hould be	13a M	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN ARYLAND		CE BEFORE ADMISSION) PLOWNE	YES AND		ZIP CODE 5 LA., APT.	710 #212
npletely ond 2 sl	14. F	JULIUS S	OLOMON OB	ÊRMAN	BESSIE	WE	OBERM	ÁN
n and cor Poges		VAS DECEASED EVER IN U.S. ARIYES NO OR UNKNOWN) YES WWII	ARMY 219-	32-1654	17 INFORMANT MRS. 3105 BANCR		N 1215	A. B
g physicio on popers remaval.	7	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIAT		off Cen	niA			XIMATE INTERVAL I ONSET AND DEATH
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he fow roon. hos bee t permit ene prio	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES	
SICIAN T ng physici certificate unal-transi tem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART ?)	63 113
dG PHY offending ter this is the bu	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY.	OFFICE, FARM, ETC]	21f LOCATION STREET	CITY OR TOW	n COUNTY	STATE
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TAL OR SAL DIR STATE DIR STATE DIR STATE DIR STATE DEPOSITORE DEPO		27d PHYSICIAN'S NAME (TYPE OF	M	v	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICI	AND	2-7-16
o HOSPITA eroined by TO FUNERA should be de with the Stat MAPORTANT		B.	2m-61	vin	Levinone	Ceriatus		021215
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236 DATE 2-9-86	ANSHE N		ROSEDALE	BALTO.	51MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR SOL 6010 REISTERSTO	LEVINSON & B WN RD., BALT	ROS , INC	21215 25a DAT	EBA 1 1986	Sb. REGISTRAR'S SIGNA	TURE , .

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050172	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH	4632
oge 3		CEASED NAME FIRST FLAST	10RA J. OBZUT 20. DATE OF DEATH MONTH	06-86 2:04PM
ge 4 may sector, pag	3. SEX		4. RACE S. DATE OF BIRTH AND THE PROPERTY OF	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
leath. Pagineral direction 72 hours	70. BI	X X XX	Th. CITIZEN OF WHAT COUNTRY? A MARRIED NEVER MARRIED . 9. BALTIMORE CITY OR COUNT WIDOWED DIVORCED . BALTIMOR	- 0 1
by the fu	6	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SOUTH BALTIMORE GEN HOSP. HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY HOME
AND 213	130. 9	TATE 136 COUR	BALTIMORE NOD 114 9th	AVE 21225
omplerely of selections of sel		ALBERT	MED FORCES? THA SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	FRY
executor ond conditions on con		(AS DECEASED EVER IN U.S. AR/ (ES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES)	Same as #13
ST., BAL		PART I. DEATH WAS CAUSE	y one couse per line for (a), (b), and (c).) BY: ECAUSE (a) CARDIAC ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requirement of the control of the low requirement of the control of the low completely filled in by os the burial-transit permit. The plates are control on the lower of t		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	
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R ATTENDIR hospital or IRECTOR: At hed far use of ept. of Health		saw the deceased olive an above, (I) (we) (did)(did no	y view the body after death.	
the state of the s		226 SIGNATURE W,	Rahming MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2/6/86
TO HOSPITA retoined by TO FUNERA should be de with the Stoil		22d. PHYSICIAN'S NAME (14PEO	MING 3001 S. HANOVER ST.	2/230
BP		Burial Burial	236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION GILY OR TOWN BURNI	
DHMH - 16 50M 4/83 (VRA 15, 4)		neral director Cully Funera	237 E. Patapsco Ave. FEBARO 135 PARO 1 Homes Balto., MD 21225	idoens financials.

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO).			
	I DECEASED NAME	FIRST	,	MIDDLE		AST		20. DATE O		MONTH	DAY YEAR	2b HOUR	
	(TIPE ORPRINI)	LUIS		A	0	DRIA		FEBR	UARY	11	1986	10:00	
	3. SEX		4. RACE	-	5. DATE (YEAR		YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	
1	Male		Peruv	vian	8		1968		17	YRS.	MONINS DATS	MIN.	
/	To BIRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	B.	D NEVER M		9. BALTIMO	RE CITY O		Y OF DEATH		
1	Peru		Peru		WIDOW		ORCED [BAL	TIMO	RE C	ITY	MD.	
1	BALTIMOR	E	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JOHNS HOPKINS HOSPITAL					126 USUAL OCCUPATION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Student					
3	Md Md	13b. COUN		13t. CITY OR TOW Betheso	/N		NO 🗌	10315	ADDRESS /		e or. 2081	4	
	FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	WE	MIDDLE		LAS	ST	
1	Luis		Α.	Odria		Rosa					Monje	<u> </u>	
7	(YES, NO OR UNKNOWN)		MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Luis A. Odr					ia (Fa	ADDRE		as abo	ntre.	
	gove rise to im cause (a), stati underlying cause	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE								YEN IN PART IN	moreths		
1	A 190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	N WAS PERFOR	N WAS PERFORMED 20a			IN CERTI		WERE FINDINGS USED ING CAUSES OF DEATH?		
7	A STORY OF CONTRIBUTION OF CON	CAUSE OF OF	HOUR A.I	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY			MA	RED (ENTER N.	NO INJUR		PART 1 OR PART 2)	NO []	
	MUITE NOI M	HILE NOT WHILE			NA			CITY OR TOWN			COUNTY	COUNTY STATE	
		ATTENDING MEDICAL STAFF									-,-		
_	22d PHYSICIAN'S N	IE J		STENSO		22e ADDRESS	Nu	Volfe	0		inore 1V	1d 21205	
	230 BURIAL, CREMATION (SPECIFY)	, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CI	REMATORY	23d. LOC	ATION		COUNTY	STATE	
	Burial		2/15/8	36 I T	ima C	amatary	5.5	T	ima	Doxin			

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

De Vol Funeral Home Washington D. C.

25 DATE RECID BY REGISTRAR 25 DESCRIPTION OF THE PERSON OF



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038137	1-	FOR STATE REGISTRAR		: \			FICATE OF DEAT	TH	REG.		4 6	3 4
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ge 4 may	Female		1	4. RACE White			of BIRTH 18, 18		S AGE (IN YEARS LAST)		UNDER 1 YEAR	# UNDER 24 HRS HOURS MIN.
deoth. Poge		Maryland	DIEIGN 71	7b. CITIZEN OF WHAT COUNTRY? 8.			ED NEVER MARR	RIED 🗆	Baltimore city Baltimor	OR COUNTY C	OF DEATH	
	III. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			OR OTHER INSTITUTION		12t USUAL OCCUPA	TION TOF WORKING LIFE)	INDUSTRY	F BUSINESS OR
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low requires that the death certify is been signed by the attending plant. Then please retines curbons prior to buriol, cremation in remines any injury, or other traumatic even	CERTIFICATION	Conditions, if ony, gove rise to imm couse (ol), storin underlying couse PART 2 OTHER SIGN THE DATE OF OPERAL	which redicted the lost.	DUE TO, O DUE TO, O (c) DIADITIONS CO	R AS A CONS	EQUENCE OF	ententis IT NOT RELATED TO T igitalim, OWAS PERFORME	Ryp	NAL DISEASE OR CO	20b. IF YES,	N IN PART TO	IGS USED
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IG PHYSIC attending ter this cert sthe buriol on and Mentinked or Iter	MEDIC	21d INJURY OCCURR		21e. PLACE		FICE FARM, ETC.)	211 LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
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he he hoche		22h SIGNATURE (LIVE OF SIGNATURE) 22e PHYSICIAN'S NAME (IVPE GOSNII)					1D ATTEN	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2-4-86				
TO HOSPITAL etoined by 11 TO FUNERAL should be det with the Stote MPORTANT.		Dr. Car	1 Spe		MD				St., Ba	ilto., A	ND	
BP	(URIAL, CREMATION, SPECIFY) Burial		23b. DATE 2/6/8		Loudo	cemetery or crem		23d LOCATION CITY OF TOWN Balto.	,	COUNTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FU 490	NERAL DIRECTOR H	en r y oad	W. Je Balto.	nkins , MD	& Son 21	s Co. 21 2	250 DATE	REC'D. BY REGISTRA	R 25h REGISTRA	AR'S SIGNATI	SE. O

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STATE OF MARYLAND

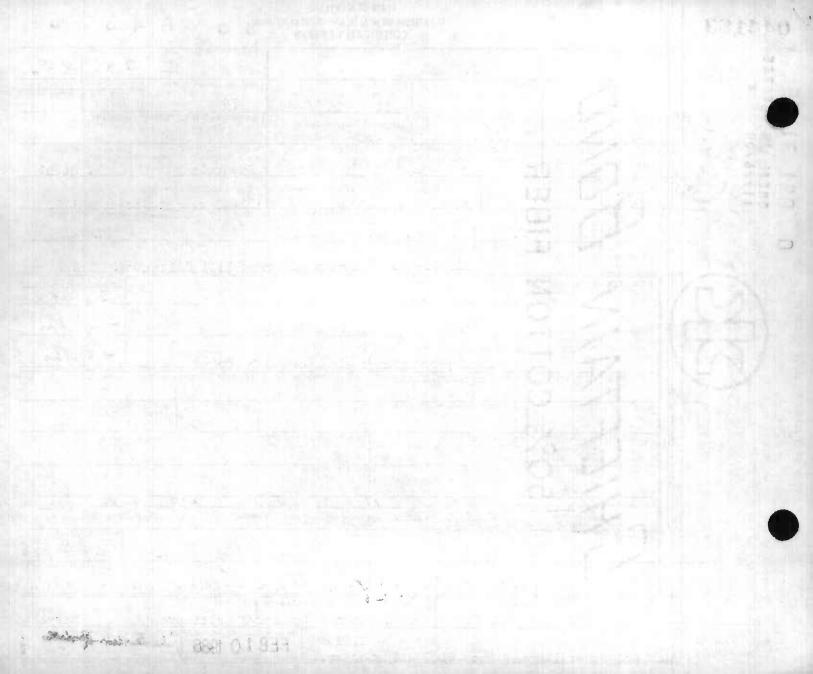
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Con	160 V	VAS DECEASED/EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECUR	ITY NO. 17 INFORMANT	Sykesville;	MA 21701			
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be n be			12/5-140	o / a George A. We	aner 111-2219	Old Washington			
ficote pope noval		18 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED	one couse per line (b), ond	to Me Parage	Ons.	APPROXIMATE INTERV. BETWEEN ONSET AND DE	ATH		
ertific g ph son po remo		IMMEDIATE		Officerons	y wires	1			
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the of the or remote emotion er tro		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUER	ICE OF O A A	2 11-	(N -			
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bee bee	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED		IN IF YES, WERE FINDINGS USED			
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Ol		22a I certify that by (this hospital	all attended the deceased from	7-01-186	, 10	19 6 that 19 five	/		
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DIRECT DIRECT DIRECT DIRECT DEPT.		27b. SIGNATURE	1	DEGREE	uspical source	THE DATE SIGNED			
AL AL det		Montel	-6	MY) ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	X 7/18/00	5		
- 0 11 11 5		22d. PHYSICIAN'S NAME (TYPE OF	FRINT	122e ADDRESS () Ø)	a con	er Dit			
0 - 0 - 0		AMAETT	1/F	Shi	TH/00	ull orllyge	-0)		
Of Od M	23a F	SURIAL, CREMATION, REMOVAL	23b. DATE 23c. N.	AME OF CEMETERY OR CREMATORY	23d LOCATION	and Ho	11		
BP		SPECIFY Burial	10/00/00		CITY OR FOWN	County Man-1	and .		
Ur	24 FI	INERAL DIRECTOR)	A KA OU Wes	dowridge Mem. Park	E REC'D BY REGISTRAN NO	e County, Maryle	HILL		
DHMH - 16 60M 7/B4	2	O NAME O 10 Va	& X ADDRESS P	USSA GICED	THE RESERVE AND PARTY OF THE PA	ACOUNTY SOUND ONE	4		
(VRA 15, 4)	10	coral co a lor	C DOME OF MC 1	OS SITION SITED	9.0 1900 J				

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES 044163 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 20 DATE OF DEATH MONTE 2h HOUR (TYPE OR PRINT) 50 **GEORGE** J. O'NEAL IF UNDER TYEAR 3 SEX 4 RACE 5. DATE OF BIRTH IE LINDER 2 L MRS AGE TIN YEARS LAST BIRTHDAY MONTH YEAR MALE WHITE 09 26 YRS BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY U.S.A. Maryland WIDOWEDK DIVORCED [CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY THE JOHNS HOPKINS HOSPITAL BALTIMORE Supervisor Beth. Stee SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND NOF 1336 Sargeant Street 21223 BALTIMORE 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST FIRST MIDDLE GEORGE O'NEAL. JR ANNIE HLAFKA ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT LYES NO OR LINKNOWN! (IF YES GIVE WAR OR DATES) NO 215-05-4458 Bertha M. Brown 2111 Smith Ave. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF obstruction Biliary Conditions, if ony, which gave rise to immediate cause tal, stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. Dancrea carcinoma PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? In DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [YES [Hygir 210 ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH WEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on_ and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bad after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS d b 600 NW0160 23d LOCATION 230. BURIAL, CREMATION, REMOVAL (SPECIFY) COUNTY BP 2/10/86 Burial New Cathedral Cemetery Baltimore 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGN MAIRE.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Hublard Funeral Home, Inc. 4107 Wilkens Ave

ADDRESS



	and Annual and an	/	funeral director, page 3	ith a 72 hours after death
7	JOLIANS THE TOWN REQUIRES THOU THE GEOTH CETHINGTE DE EXECUTED WITHIN 24 MONTH THE FIRST THE MOY DE		certificate has been signed by the ottending physicion and comprehensing the transfer of a court page 3	unal-transit permit. Then please remove carbon papers. Pages, Lunio 2 shauld terring with 1727 hours after death
4	w requires mor me deom cermina		been signed by the ottending phy	mit. Then pleose remove corbon po
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 27401

	1 -	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO IFICATE OF DEATH	GIENES 6	0 4 6	3 7
		CEASED NAME FIRST OR PRINT) James	MIDDLE E		LAST		DAY YEAR	26. HOUR 33
	3 SEX		I4 RACE		O'Neill	6 AGE IN YEARS LAST BIRTHD.	AY) IF UNDER I YE	PM
	3 SE/	Male	White	1 1	2 24 1912	73	S HOURS MIN.	
)		RTHPLACE (STATE OR FOREIGN Md.	76 CITIZEN OF WHAT	COUNTRY? 8 MARR	IED NEVER MARRIED	Baltimore (MD.
		Balto	1000 S.	Caton Ave		12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF W Ret Teacher	ORKING LIFE) INDUSTR	OF BUSINESS OR Education
Ş		AL RESIDENCE (IF NURSING HOME STATE Md 136 CO		SIDENCE BEFORE ADMISSION TITY OR TOWN Balto	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z 58]	IP CODE 2/ L7 Royal 0	ak Ave
1	14 FA	THER'S NAME James	MIDDLE O',	Neill	15. MOTHER'S MAIDEN NA FIRST France	MIDDLE	Ullrich	LAST
		VAS DECEASED EVER IN U.S. A (15, NO OR UNKNOWN) (16 YES. C	IVE WAR OR DATES!	OCIAL SECURITY NO. 14 12 1909	Eleanor S.	O'Neill 524	N. Charle	s St
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS IMMEDI		TA STAT	C CA- Pe	LVIS - LIVE.	R S	MOSI
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost) Ib)	CONSEQUENCE OF				
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART	lio
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY? 21	Ob. IF YES, WERE FIND N CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	ENIN	JRY AONTH DAY YEAI 19	R	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART I OR PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN. JAT HOME. STREET, FAC	JURY CTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a certify that III (this has sow the deceased alive a above, (III) (we) (did) (did 22b SIGNATURE	7-05	1986	ond that in (my) (our) opinion	deoth occurred on the dote		that (we) lost the couses stated

ATTENDING PHYSICIAN

22e ADDRESS

23c. NAME OF CHETERY OR CREMATORY New Cathedral Cemt.

IMPORTANT: If Item 21 is BP. DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Mitchell Wiedefled Home 6500 York Rd. (VRA 15, 4)

2/8/1986

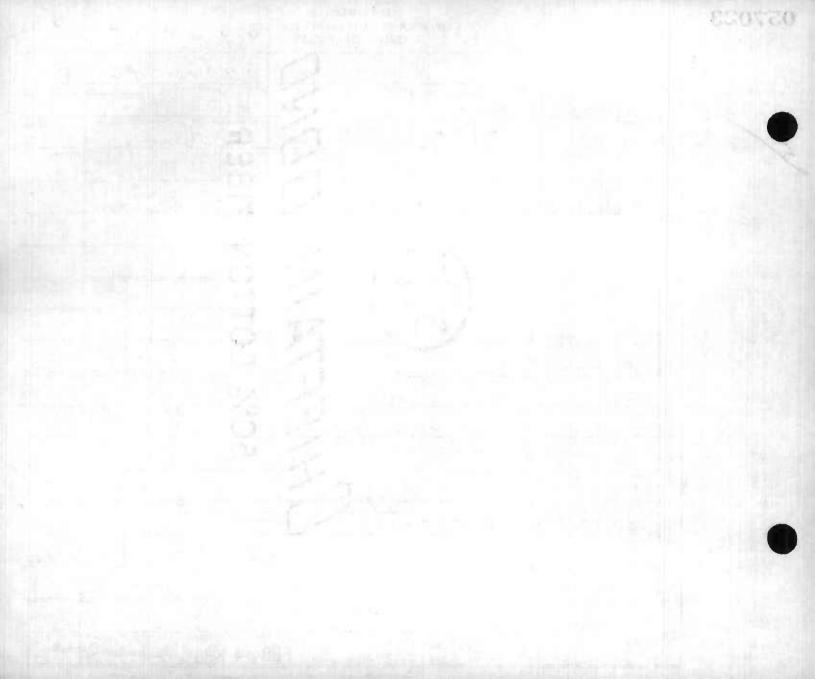
230 BURIAL, CREMATION, REMOVAL Burial

Baltimore Md. FEB 1 3 1986

COUNTY

MEDICAL STAFF
DIRECTOR PHYSICIAN

057023	,	FOR			DEP/		TE OF MARYLAI HEALTH AND M		ENE S	0 4	4 6	38
	1 -	STATE REGISTRAR					FICATE OF DI		0	. NO.		
De		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH		DAY YEAR	26 HOUR
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moy b	3 SEX	market a commence of		RACE			OF BIRTH		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS
ctor.	/	Leny	de	BI	nek	MON	th DAY	1900	85	YRS	MONTHS DATS	HOURS MIN.
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9 11 111	10. CI	TY OR TOWN OF DI	ATH 1		HOSPITAL, NU		OR OTHER INSTI	TUTION	120. USUAL OCCUP		126 R NO	DE BELLEVE SS OR
5 1 1 7 K	B	altimore			an Hosp				Laborer		Packi	ng Co.
2 1 11 27		TATE	RSING HOME OR O		GIVE RESIDENCE B	EFORE ADMISSION	1 134 INSIDE CIT	TY LIMITS?	13e STREET ADDRE	SS / ZIP COD	Baltim	ore, Md.
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THE PLANT	1	John			E11:	is	Mar		Ja		El	lis
# 5 57 37		VAS DECEASED EVE		MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMAN		830 Coo	ks Lane		
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		underlying cou		(5)	K AS A CONSI	OUENCE OF					- 13	
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN. The low requires the ottending physicion. Ifter this certificate has been signed it os the buriol-transit permit. Then pleo the and Mennal Physician prior to buriol orked or them 18 shows any injury, or a consequent or the province or the p		PART 2 OTHER SIG	SNIFICANT CO	ONDITIONS C	ONTRIBUTING	TO DEATH BU	I NOT RELATED	TO THE TERMI	NAL DISEASE OR C	ONDITION GI	VEN IN PART	10
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Co mit bee	ATI	190 DATE OF OPER	ATION	Mb COND	ITION FOR WI	HICH OPERATI	ON WAS PERFOR		20a AUTOPSY?	206 IF YE	S, WERE FIND	INGS USED
he lo	CERTIFICATION	2/8/86		Vanl	wil h	ernea	refer		YES NO		IFYING CAUSE	NO [
All year	CER	21a. ACCIDENT WAS U	- Insurance	216 TIME C		DAY WEAT	ZIc HOW IN	URY OCCURR	D (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
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Africa Se o mor		22a I certify that (ol) attended th	e deceosed fr	om	8/86	, 19	_, to	19/86	19	, that (I) (we) lost
TTEN Sitol For us		sow the deced obove, (1) (we)	sed give on	No. abo bods		<u> </u>	and that in (my) (our) opinion d	eoth occurred on th	e dote and ho	ur and from th	e couses stated
hed her tem	-23	226 SIGNATURE	(did / laid nor	wew the body	gifer death.		DEGREE	The state of			22c DAT	ESIGNED
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L Q H e S		224 PHYSICIAMS	NAME LAPPE OR	PRINT)			22e ADDRESS	5				-/
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(VRA 15, 4)	25	01 Gwynns	Falls	Pkwy.	Baltim	ore, Mo	. 21216	FEE	324 1988	Julian	lavidson-l	pandade



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MD. TH. IS	Cycleal	14. F/	ATHER'S NAMI		MIDDLE		AST		15. MOTHER'	S MAIDEN N	IAME	AIDDLE		3 LAST	
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RS ANTERNA	DIV			F DEATH (Enter o	nly one couse per line	1		,5						I APPROX	IMATE INTERVAL
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2 3	AND M ATION,		PART 2 OTHER ST	GNIFICANT CONDITIONS	(c) Contributing to death b	IT NOT PELAT	TO TO THE OTOT	1112110 44	AR CAUATION A						
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NI REC	F. F.	CAT	19a. DATE OF	OPERATION	19b. CONDIT	ONFORV	VHICH OPERA	TION WA	AS PERFORME	ED?				20 AUTO	PSY?
F VITAL I		E			THE RESERVE									YES	□ NO 🗆
DIVISION OF VITAL RECORD THIS CERTIFICATE SHOULD BE EN WARDED TO THE CHIEF MEDIC PAGE 3 SHOULD BE USED AS A BIR	E DEPARTMENT OF HEA	MEDICAL CERTIFICATION	UNDERLYING	L CAUSE WAS OR NG CAUSE OF			DAY YEAR	21c. HO	W INJURY O	CCURRED (E	NTER NATURE OF IN	JURY IN ITEM 18 PA	RT 1 OR PART	2)	
/ISIC ING ING SED T	PRIC	EDIC	21d. INJURY C	OCCURRED	21e PLACE O	FINJURY	1AT HOME.	21f. LOC							
DIVING TO MEDICAL EXAMINER: THIS CEING THE CENTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3:	21201	¥	AT WORK	NOT WHILE	STREET, FACTO	DRY, FARM, ET	C }	ST	REET		CITY OR TO	WN	COUP	1TY	STATE
	무인	17	22a I certi	fy that I taak char	ge of the remains desc	ribed obay	e, held on	Autopsy	y li	nspection], Inquiry	K, ond	in my opir	nion	
MAN BELLE	E A		death result	ed from: Natu	ural causes K.	Accident	. Suic	ide .	Homicide	e 🔲 . U	ndetermined m	anner ,			
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Z H H H	Ĕ,". —		SIGNATURE,			1 V		ME	Assis	tant	MEDICALEXAN	AINER	DATE	2/2	7/86
MEDIC CUTE 1 5E 4 S	Z IMOE	-	EXAMINER'S (TYPE OR PRI	NAME Grec	ory R. Kau	ffmar	n, M.D.	۸	DDRESS_1	11 Pen	in St.	Balto.	MD.		
52.55	BAE -	23a.Bl	JRIAL, CREMA	TION, REMOVAL			AME OF CEMI				d LOCATION				
07/84 BP		(5	PECIFY) Rer	nova].	2/27/86						CITY OR TOWN		COUNT	Y	STATE
25M	17	24 Ft	JNERAL DIREC						250	DATE REC'E	D. BY REGISTRA	AR 25b. REGIST	TRAR'S SIG	SNATURE	
OHMH - (VR A15 M			NAME	Anatomy E	Board ADDRESS	Ва	lto., M	id.	MAR	1 1 10	ORI Juli	Davidson	n-Pany	402	1

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	FOR
1	
- 0	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1	REGISTRAR		CENTIL	ICATE OF DEATH	REG. NO.		
	DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
1	JAMES	3	OWE	NS	February 19	, 1986	4:30a m
3	. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
L	MALE	BLACK	Dec.	00 4040	66 YR		
-	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? B	D XX NEVER MARRIED	9 BALTIMORE CITY OR COUN		
	South Carolina	U.S.A.	WIDOWE		Baltimore C	ity	MD.
ĸL.	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI			170 USUAL OCCUPATION	12b. KIND (OF BUSINESS OR
	Baltimore	2210 West Fay		Street	Welder	ret:	ired
9	SUAL RESIDENCE (IF NURSING HOME OR 30 STATE 136 COUN		WN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO 2210 West Fa	DDE vette	St.2122
-6	FATHER'S NAME	2027		15 MOTHER'S MAIDEN NA			
I	Henry	Owens Owens		FIRST	WIDDLE	Will:	iams
1	MAS DECEASED EVER IN U.S. AR	C. WILD OD O. SEC.		17 INFORMANT	ADDRESS		
L	TYES NO OR UNKNOWN) THE YES NO	/A 251-07	-4657	Irene Owens	2210 W.Faye	tte St	. 21223
	18 CAUSE OF DEATH (Enter on	nly one couse per line lar (a), (b), a D BY:	nd ic	1 0	11	BETWEEN	XIMATE INTERVAL
		ECAUSE 10) Cardi	D Va	ocuar -	olapse		
1		DUE TO, OR AS A CONSEQU	JENCE OF	0 11 1 0			
1	Canditians, if any, which	(16) Head	ano	1 Neele (ancer		
1	cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEOL	JENCE OF				
		(c)					
1		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 1	10
	190 DATE OF OPERATION TESS 190 PERATION 716. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20e AUTOPSY? 20b IF	YES, WERE FIND	INGS USED
	TO 6 1988	Dance M	Non	1 + wheels	YES NOW IN CE	RTIFYING CAUSE	
7	216. ACCIDENT WAS UNDERLYING	7 1b. TIME OF INJURY	1400	21c HOW INJURY OCCUR		18 PART OR PART 2)	110
		1111	DAY YEAR	THE PARTY			
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY	19	211 LOCATION			
	WHILE NOT WHILE D	LAT HOME STREET FACTORY, OFFICE	FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
		ital) attended the deceased from	Jan	2 198	10 Dec 30	190	that (I) (we) lost
П	saw the deceased alive on	Dec 30 19		nd that in (my) (our) opinion (death occurred on the date and	have and Iram the	((
1	27b Sanature	it) were the body after death.		DEGREE		22c DATE	ESIGNED
1	1	1/2	_	MA ATTENDING	MEDICAL STAFF	2.1	8.27
1	274 PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS			105
	JOAN Ca	isin					
1	30. BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	2/24/86 Ki	ng Me	emorial Pk.	Baltimore,	Mary la	nd

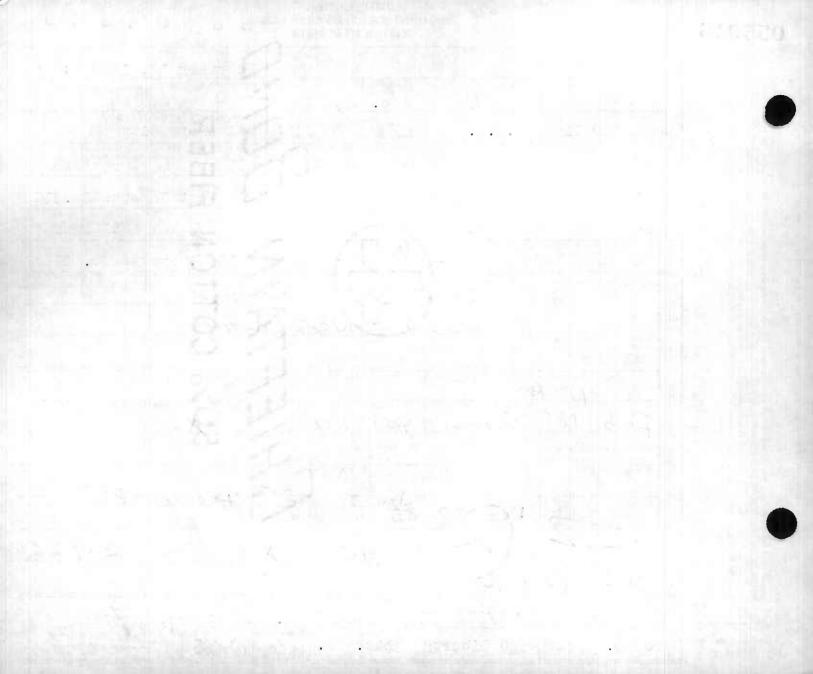
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Leroy O. Dyett 4600 Liberty Hghts. Ave.

Pk. Baltimore, Maryland

750. DATE RECD. BY REGISTRAN SSIONATION

FEB 201935 Pk.



	1			STATE OF	MARYLAND			
56017		FOR STATE REGISTRAR		CERTIFICA	TH AND MENTAL HYC	8 6 REG. NO		6 4 2
		CEASED NAME FIRST	MIDDLE	LAST	,		MONTH DAY	YEAR 26 HOUR
poge 3	3 SE.	France	I RACE	5. DATE OF BIR	TH TH	6 AGE LIN YEARS LAST BIRT		86 8, 10 A
ctor.		temale	white	MONTH 12	8 02	83	YRS	S BAYS HOURS MIN.
4 4 4 4 7		RTHPLACE (STATE OR FOREIGN)	LISA	MARRIED WIDOWED	NEVER MARRIED	Count	-/	ALT I MORE ME
108	10.C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET STORES		HER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) IN	b. KIND OF BUSINESS OR DUSTRY
(1)	dsti 130. S	AL RESIDENCE (IF NURSING HOME OR COTATE 130 COUNTY	THER INSTITUTION GIVE RESIDENCE BEFOR		INSIDE CITY LIMITS?	13e STREET ADDRESS /		21234
1/3/	y 12	THER'S NAME	INDOLE CLAST		MOTHER'S NA	10000	O Mind	O LAST
1	16/	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 II	NFORMANT	ADDRE	55	DIVAL
		NO ON UNKNOWN) (IF YES GIVE	317 203	3140	FAMILY	KECOROS		
ires that the death certifica gned by the attending phys in please remove carbon pag burial, cremation, or remove iry, or other traumatic event,		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	11 2 12 12	ENCE OF	RELATED TO THE TERA	minal disease or cone	DITION GIVEN IN	PART Ito
n. os been si os been	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	AS PERFORMED	200 AUTOPSY?	206 IF YES, WER	RE FINDINGS USED CAUSES OF DEATH? NO []
ding physicial straight of the physicial physicial straight of the physicial physicial straight of the physicial phy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	AY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OF	R PART 2)
UG PHYS ottending ter this of s the bur n and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		LOCATION STREET	CITY OR TOV	AN CC	OUNTY STATE
NDIN I ar NSE af Tealth			ol) attended the deceased from_		, 19	, to	19	, that (I) (we) los
CTO CTO d for of h		sow the deceased alive on_ above, (1) (we) (did) (did not	view the body ofter death.			death accurred on the do		
by the hosp by the hosp ERAL DIRECT be detached for State Dept of ANT: If them 2		22b SIGNATURE	D. Din	DEGR M	ATTENDING PHYSICIAN [MEDICAL STAF	F	2/18/8/
TO HOSPITAL TO FUNERAL should be determent the Store		22d PHYSICIAN'S NAME (TYPE O	GAM U	22e	ADDRESS			
D = 5 2 3 3 4	230 E	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMET	TERY OR CREMATORY	23d. LOCATION	COUN	NIYSTATE
BP	1	SURIAL	1-20.21,1986 H	DLY KED	SSMER	BALTIM	ORE	MARYLANG
DHMH - 16 60M 7/84	6	JNERAL DIRECTOR	ADDRESS ADDRESS		WILL !	TE REC'D. BY REGISTRAR	DB. KINGISTRAR'S	Mason Broke
(VRA 15, 4)	3	AHU2 CHHIST	01 121.10618	HARE	060	FD 2 + 1904	77	

059970

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

BIRTHPLACE COUNTRY ID CITY OR TOWN

USUAL RESIDENCE 130. STATE MARYLAN 14) FATHER'S NAME

160. WAS DECEASE YES, NO OR UNKNO 18 CAUSE OF PART I. DE

> Conditions, gove rise cause (a), underlying PART 2 OTHE

ISD

3 SEX

		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYG	IENES 6	0 4	6	4 3
FIRST	N	NDDLE	LA	AST		20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
bert			Par	hts or		7 -	2.	Sels	3.65
	RACE		5. DATE O	FRIRTH		6 AGE TIN YEARS LAST BIR	HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
			MONTH	DAY YEAR		74		NIHS DATS	HOURS MIN.
E	WHI		10	-1-191	13	10	YRS.		
TATE OR FOREIGN 76	CITIZEN OF V	VHAT COUNTRY?	8. MARRIET	NEVER MARRIED		9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
	U-)	WIDOWE			BAHimo	ne c	Hy	MD.
OF DEATH I				ROTHER INSTITUTION	1	120 USUAL OCCUPATI			F BUSINESS OR
	(IF NOT IN SUC)	FACILITY, GIVE STREET A	DDRESS)	11		MANUFACT		WTN	DOWS
HE NURSING HOME OR OT	MER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSIONI	My Harrie		PRUIDIAGI	OILLIL	11211	20110
136 COUNTY		RANDALLS	1	13d. INSIDE CITY LIMI YES X NO [[S?	8521 GLEN		EL LA.	#21133
AORE	DOLE	PACHTER		15 MOTHER'S MAIDE SAR.		ME MIDDLE		EIBUS	r
EVER IN U.S. ARME		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	1	MRS. HARRTE	TTE PA	CHTER	
WWII-I	NAVY	213-20-	3117	8521 GLEN	MI	CHAEL LA. R	ANDALL	STOWN.	MD 2113
DEATH (Enter only ATH WAS CAUSED & IMMEDIATE (if any, which to immediate stating the cause lost	DUE TO, OF	R AS A CONSEQUE	UCE OF	ng we	th	netado	tolo	amedia MTWEING	grs.
coose lost	((c)								
R SIGNIFICANT CO	nditions <u>cc</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERM	INAL DISEASE OR CON	DITION GIVE	V IN PART 110	
OPERATION	196 CONDI	TION FOR WHICH	OPERATIO!	WAS PERFORMED		200 AUTOPSY?		WERE FINDING CAUSES	
WAS UNDERLYING OF DEATH IFY MEDICAL EXAMINER)	216 TIME OF	M. MONTH DA	Y YEAR	21c. HOW INJURY O	CCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)	
CCURRED	21e PLACE C			211 LOCATION		Townships		Control to	-1-1

CERTIFICATION 90 DATE OF 210 ACCIDENT OR CONTRIBUTION MEDICAL (IF EITHER NO 21d INJURY C

AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from (aur) apinian death accurred on the date and have and from the causes stated

226 SIGNATU Th. DATE FIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR

224. PHYSICIAN'S WINT TIPE OR PRINTS 22e. ADDRESS

LEVINDALE - BALTO., MD 21215

S. LEVENSON, M.D. 23b. DATE FEB. 24,1986 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION BETH YEHUDA ANSHE KURLAND TO BALTIMORE 23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR SUL LEVINSON & BROS. INC.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MARYLAND

BALTO., MD 6010 REISTERSTOWN RD.

21215

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT. If Item 21 is

058034	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	IENE S	0 4	6 4	e d
oge 3		CEASED NAME COUT	SE.	PA	IDURIS	20 DATE OF DEATH	Z - Z 3 -	YEAR 1	425 PM
may ter d	3 SE	X	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UP		IF UNDER 24 HRS
ge 4		Female	White		1/21/13	72	YRS.	NO DATA	MINC.
2 hair		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
death death		rginia	U.S.A.	WIDOW	DIVORCED		ore City		MD
The the		TY OR TOWN OF DEATH	(# NOT IN SUCH FACILITY	GIVE STREET ADDRESS	OR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	F WORKING LIFE)	126 KIND OF INDUSTRY	BUSINESS OR
20 20		altimore AL RESIDENCE HE NURSING HOME		Scott Key		Homemake	er		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the dem certifical be executed within 24 hours oftending physician. After this certificate has been signed by the artifuling physician and completely filled in by as the buriol-stransing permit. Then please remove the configuration of the puriol-stransing permit. Then please remove the configuration of the puriod-stransing permit. Then please remove the configuration of the confi	130. Mc	STATE 13b COL	INTY 13c. CIT	y or town imore	YES NO [13e STREET ADDRESS 4320 Clare		7 P.	21213
withi withi d 2 s d 2 s	14. F/	ATHER'S NAME FIRST	WIDDIE	LAST	15 MOTHER'S MAIDEN NAM	MIDDLE		LAST	
i, MAR		John Ga	mmell	CIAL CE CHIRITY NO	Catherin	e Watts	cc		
NOR exect exect on the control of th		YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR DATES)	CIAL SECURITY NO.			Years and		24.4
ALTIN	INC			11 8247	Henry Emory	714 W. 3	ord Stre		ATE INTERVAL
BA I I I I I I I I I I I I I I I I I I I		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	SED BY:	Cardi	Audin nos An	est		10 m	
Z S I		IMMEDIA	ATE CAUSE (o)		minoring no			70	1,070
STO Ton, o		Conditions, if any, which	DUE TO, OR AS A	Chironic R	engl Fallere				
the of th		gove rise to immediate couse (a), stating the	DUE TO, OR AS A						
that that d by ease al, cr		underlying cause lost.		inspetes,	Mellitus				
guires signed hen pli ta buri	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	JTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART IIa	
ow re	CATE	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WI		
The Cion.	世					YES NO	YES [NO 🗌
AN: ohysachificat		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		ONTH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART I	OR PART ?)	
Norioli Henry	CA	LIF EITHER NOTIFY MEDICAL EXAMIN	P.M.	19	211, LOCATION				
PH)	MEG	WHILE O NOT WHILE O		ORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	NWN	COUNTY	STATE
DINO or or of ofth ofth		220 I certify that (1)(this has	Dital attended the decea	sed from penne	7 18 19.86	10 February	7-3 10	86 1	nat(I) we) lost
TEN Or US		sow the deceased alive a above () (we) (did) (did i			and that in (n) (our) opinion o	,	ote and hour an	, ,,,	
Hasp hasp hed hed tem		226 SIGNATURE	4		DEGREE			22c. DATE S	IGNED
AL D AL D defoc		Ha	had Blan	nonny	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN DO	2/2	3/86
HOSPIT ined by FUNER bild be on the Str		224. PHYSICIAN'S NAME (TYPE	GRPRINTI)	om En	Emice Stat Ver	Medial C	exter East	in Ave.	Brath Mr.
of of short	23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION			1,7-1,-9
BP	Bu	rial	02/25/86		rove Cemetery	Pine Grov	Ralt	o. Co.	Md.
			1 02, 23, 00	22110 0		EREC'D. BY REGISTRAR	256: REGISTRAR	'S SIGNATU	RE
(VRA 15, 4)	TO FUNERAL DECIDED BY THE MODE ATTENDING PHYSICIAN: The low requires that the Application or other dries and the Application or other dries and the Application of th			31 Falls	Road 21211	B Z 5 1986	in a willer	36-	المحالية

STATE OF MARYLAND 055021 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR YEAR TYPE OR PRINT IF UNDER 1 YEAR 1. 5EX 5 DATE OF BIR 6 AGE (IN YEARS LAST BIRTHDAY) 70 BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN COUNTRY U.S.A. Baltimore, DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Seaman. SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 13. STREET ADDRESS / ZIP CODE 202 Diener Place Apt 201 13b COUNTY CITY OR TOWN Baltimore Md. None 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIGOLE Franklin Palm Susie Watckins 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT Catherine Palm, 202 Diener Place Apt 201 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) & DUE TO, OR AS A GONSEQUENCE OF malgutation Canditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF PENCIONE. underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Nona IFICAT 190 DATE OF OPERATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? None NOF 21b. TIME OF INJURY 21m ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220 I certify that (1) (this hospital) aftended the deceased from saw the deceased alive on and that in (my) your opinian death accurred an the date and hour and from the causes stated DEGREE 22c. DATE-SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 72e ADDRESS Deaton Medical Center 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cemetery

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Law Funeral Home 4611 Park Herights Ave. 21215

2/17/86

Baltimore, Maryland 250. DATE REC'D BY REGISTEAR 256, REGISTEADH COMAT

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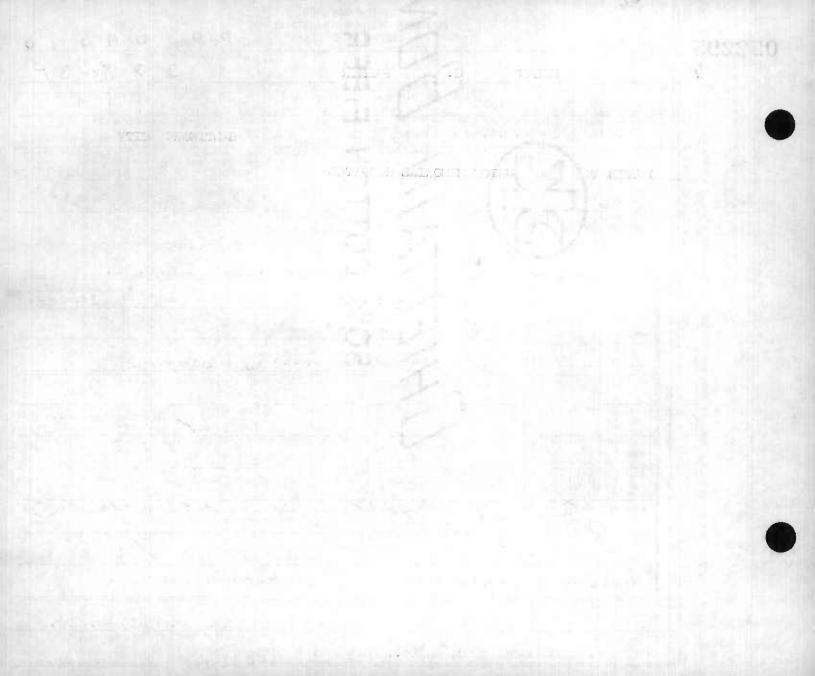
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DHMH - 16 60M 7/84	24 FL	DINERAL DIRECTOR	oo Fu	noral H	ADDRESH	lto M		TE REC'D. BY REGISTRAR	25b. REGISTI	RAR'S SIGNAT	URE

(VRA 15, 4) burgee-Henss Funeral Home, Balto., Maryland

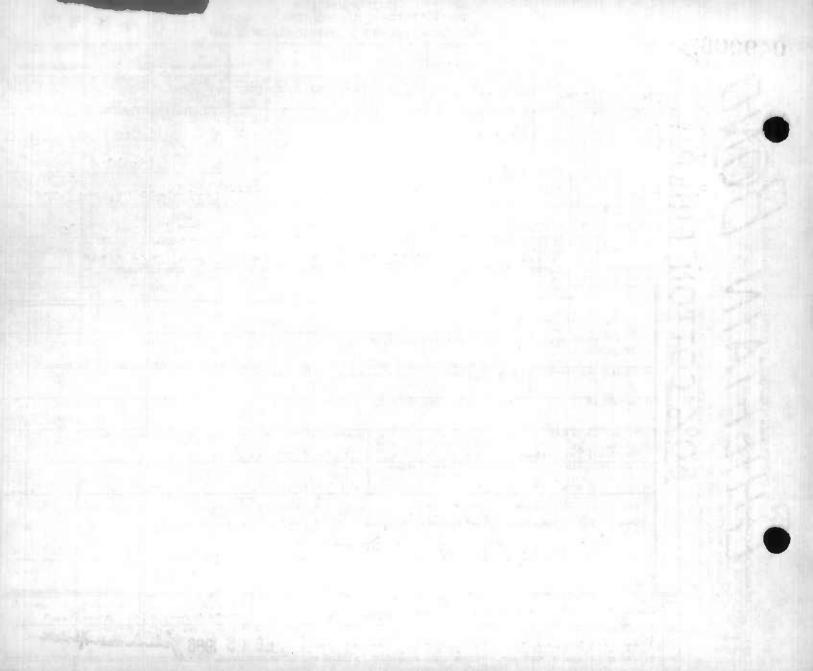


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH 2b HOUR LTYPE OR PRINTS ESTI-DEATH MATED 2-9-86 WALTER J. PALUCKI 4 RACE 6 AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR. DAY IF UNDER 24 HRS. 20 DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 2:05AM DEAD 2-9-86 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [DIVORCED Baltimore City OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS St. Agnes Hospital Baltimore WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? SOCIAL SECURITY NO APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couler (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) THE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗍 NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Inspection K Autopsy Inquiry and in my opinion Notural couses X deoth resulted from: Suicide Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** SIGNED 2-9-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. Penn Street (TYPE OR PRINT) 236. DATA UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMHI** 17 (VR A15 ME (5))

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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	1	EXAMINER'S N	Ann	M. D	Dixon,	M.D.			ADDRESS :	111 P	enn s	St.,	Balto	o., M	D 2	1201	
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR REG NO L DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-Scott DEATH MATED XX Brian 2 19 86 Parke 5 DATE OF BIRTH 4. RACE & AGE (IN YEARS | IF UNDER 1 YR IF LINDER 24 HRS 2c DATE 2d HOUR LAST BIRTHDAY) 11:41 PRONOUNCED Male 1948 38 White 19 DEAD 1086 a 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Ohio DIVORCED & Baltimore City, WIDOWED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore 911 Leadenhall Street Disabled SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION). 21230 3e STAT 36 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 911 Leadenhall St. Apt. 204 YES X 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Chester Noble Lee Warner Ruth Nacmi 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 4675 Mestes Drive 299/44/3413 Kent, Ohio 44240 Ruth N. Parke 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Stab wound of back IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF TO BUR! YES Y NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH P.M. 186 Subject stabbed 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN STATE WHILE AT WORK TO AT WORK Leadenhall St. home Baltimore MD. TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE SIX BALTIMORE, MARYIAND, 2 Autopsy X 220 I certify that I took charge of the remains described above, held on Inspection Inquiry Hamicide X Undetermined monner death resulted Ha Suicide Natural causes Assistant 2/6/86 EXAMINER'S NAME Dennis F. Smyth, 111 Penn St. Balto.MD. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation 2/8/1986 Green Mount Crematory Baltimore.City. 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** Walter Brooks Bradley, Inc. Balto., MD 21222 (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR		DEPARTN		EALTH AND A		IENES	6 REG. NO) o.	day	0	2 .	
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22a | certify that (1) (Mis hospital) attended the deceased from saw the deceased alivelan 10 deceased alive an ______. 226. SIGNATUR

DEGREE

MEDICAL ATTENDING

DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME ITYPE OR PRINT

22e ADDRESS

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE CITY OR TOWN

White Marsh Holly Hill

STATE Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If He

Burial

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

Dundalk, Maryland 21222 7922 Wise Avenue

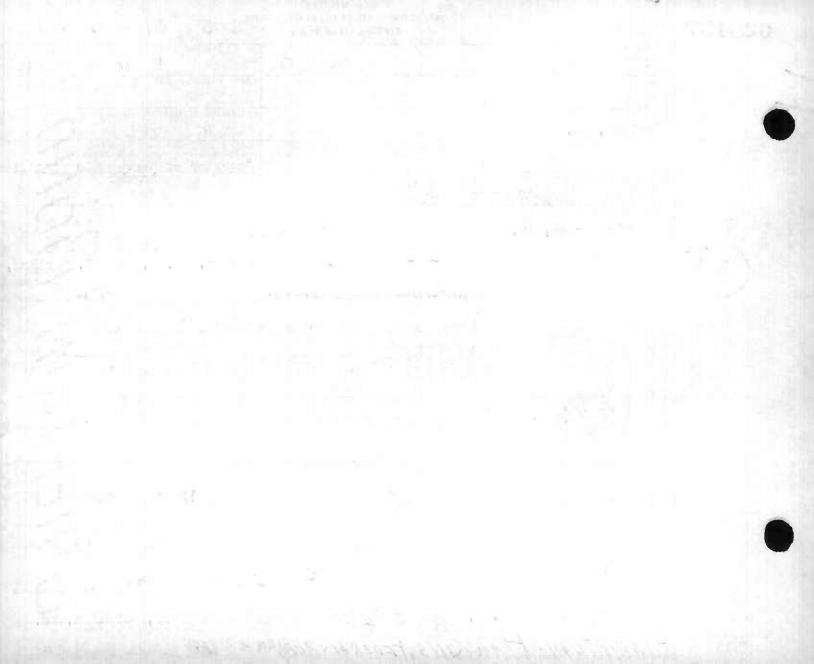
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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE month to the transmit

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					STATE OF MARYLAND		
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×	omp of of	1.4	Levin Parker,	Sr.	Lizie Ad	ams	
BALTIMORE,	100	160		IVE WAR OR DATES)			yland 21643
TIM	a/ B }	1	No	217-54-	5798 Mrs. Barbara	a Parker, Rt. 1.	Box 62, Hurlock
BAL	8 1871		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201	ior ior	CERTIFICATION	19a DATE OF OPERATION	18h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
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	Teta Short	23 a	BURIAL, CREMATION, REMOVA	L 23b DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d LOCATION	4
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21201	A SHE SHE	130.	Md.	13b. COUNT	TY	Baltimo	re	YES A NO	13e STREET ADD	Rungon	Morr	21:	224
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BALTIMORE, MD.	JRS AFTER DEATH 3. GIVE PAGES 1 WITH FORM PW 1. PAGES 1 (AND DIVISION OF WITH		No		ne	215-32-	5243	Barnet	t F. H.	Wythe	ville	, Va	•
- 7			18 CAUSE OF	DEATH (Enter anl	y ane cause per line	for (a), (b), and (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL
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DIVISION OF VIT

066041 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE OF DEATH MONTH YEAR 26 HOUR PAUL 86 page r deal 3 SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR 70 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED | CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TAPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Painter USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY 13a STATE 13e STREET ADDRESS / ZIP CODE 13d INSIDECITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN) I LIF YES GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 98 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 296. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? CERTIFI NO T YES 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY ö (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN COUNTY STATE orked TWORK 22a | certify that (1) (this hospital) attended the deceased from_ sow the deceased olive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURI DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS the the 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE ITY OR TOWN COUNTY 186 BP 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15. 4)

STATE OF MARYLAND

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DHMH - 16 60M 7/B4

(VRA 15, 4)

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CERTIFICATION

MEDICAL

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FOR - STATE

BALTIMOR

USUAL RESIDENCE

TYES, NO OR UNKNO

230. BURIAL, CREMA INC MO

24 FUNERAL DIREC

3 SEX

REGISTRAR DECEASED NAME TYPE OR PRINTS

FOR STATE REGISTRAR		STATE OF MARYLAN RTMENT OF HEALTH AND ME CERTIFICATE OF DE	NTAL HYGIENE 8	REG. NO.	0 4	6 5	12
EASED NAME FIRST	MIDDLE M.	PEACH	20 DATE OF	DEATH MONTH	Z 86	26 HOUR 0055	o M
Male RTHPLACE JATE OR FOREIGN	4 RACE GUCUSION 76 CITIZEN OF WHAT COUNTR	S. DATE OF BIRTH MONTH 7 - 25 - Y? 8 MARRIED NEVER MA	YEAR 6	ARS LAST BIRTHDAY) YRS RE CITY OR COUN	MONIHS DATS		<u>M</u> / 1
Y OR TOWN OF DEATH LTIMORE LE RESIDENCE (15 NURSING HOME)	UNION MEMORIA	S WIDOWED DIVO SING HOME OR OTHER INSTIT LET ADDRESS! AL HOSPITAL	UTION 120 USUAL C	MORE CITY CCUPATION FOR MOST OF WORKING	12b KIND (OF BUSINESS O	AD.
FRYLAND AME		YES N	10 2 888	PINE TY	DE ·	21	012
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Renal Fa 190 DATE OF OPERATION 12/12/95, 1/19/2		CH Pailurs CH OPERATION WAS PERFORA CH, BOWEL PAI	Fration YES ES	PSY? 206 IF Y	YES, WERE FINDI TIFYING CAUSES YES 💢	INGS USED	
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22b. SIGNATURE Mun	Kantrum	M.D. ATT	ENDING MEDICAL YSICIAN DIRECTOR	STAFF PHYSICIAN	22c. DATE	SIGNED 86	- 6
MARC KAUFMAN	OR PRINT) M.D.	22e ADDRESS UNIC	N MEMORIAL H	OSPITAL		1.	
URIAL, CREMATION, REMOVA PECIFY) NERAL DIRECTOR	23b. DATE 23 - 86	Westview Crev	The street	new Ba	STRARS SIGNAL	M O TATE	_
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ND 21201	24 hours after death. Page 4 may be	led in by the funeral director, page 3	4

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEA	IH	REG. N	0.			
	I DECEASED NAME FIRST	WIDDLE	LAST			20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
-	Randolp	h B.	Perso	n			2	9	86	M
	male male	black	5. DATE OF	DAY	YEAR	6. AGE LINYEARS LAST BIF	RIHDAY) YRS.	MONTHS		HOURS MIN.
5	76. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED (NEVER MAR	RIED 🔲	Baltimore city of Baltimore	OR COUNT	TY OF DEA	ATH	MD
L	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH EACHLITY, GIVE STREET BON SECOURS HO	ADDRESS) OSpital	OTHER INSTITU	NOIN	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retire	ION DE WORKING	12b F	KIND OF USTRY	BUSINESS OR Anderso
100	OSUAL RESIDENCE IN NURSING HOME OF		/N 113	HES NOTHER'S MA		13e STREET ADDRESS 1800 N.			reet	21217
	Unkn	MIDDIE IAST		Robert		WIDDIE	1	Me	1ton	
	16a WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) 11E YES GIT	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 275-10-48		Carlott	a Per	son 1800				MATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECULA DUE TO, OR AS A CONSECULA (b) DUE TO, OR AS (c)	EXCE FLU	le R	LOV UN	u ta	lw	W INFANTAL PARTY	APT 1:0	
1	NO DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH				186 AUTOPS VT	206 IF YOU	ES, WERE	FINDING	
7	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR	JE HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR P	PART 2)	
	AT WORK	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE F		If LOCATION STREET	06	CITY OR IC	lwn	coul	inty	STATE
	saw. He decealed alive on	ital) attended the deceased from 19		that in (my) (our) opinion d	eath accurred on the d	ote and ha			
	THE PHYSICIAN'S NAME OFFICE	1020,	(19)	ATTE	NDING SICIAN	MEDICAL STA	FF CIAN [Ö	21/1	11/86

should be detached for use os the burial-transit perm with the State Dept. of Health and Mental Hygiene pr TO FUNERAL DIRECTOR. TO HOSPITAL BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is morked or Hem 18 sho

230. BURIAL, CREMAT (SPECIEY) Burial

73h DATE 2/14/86 230 NAME OF CEMETERY OR CREMATORY Crestlawn Mem.

23d LOCATION

STATE

William C. March F/H West 4300 Wabash Avenue

Garden Howard Co. Md.

750. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
FEB 1 3 1086

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

REGISTRAR

Burial

24 FUNERAL DIRECTOR

Lakeview Cemetery 2/20/86

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Md. Svkesville Carroll ma wardoon- Mandalle

2h HOUR

12b. KIND OF BUSINESS OR

21228

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Jones

COUNTY

22c DATE SIGNED

STATE

STATE

IF UNDER 1 YEAR

INDUSTRY

2:16pm

IF UNDER 24 HR

12a LISUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Meat Cutter 3, STREET ADDRESS / ZIP CODE St. 21231 Grego Jounne Piuskowski 418 S. Regester St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH POST ASPIRATION CARDIOPHILMONARY ARREST PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20h IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY saw the deceased alive on FEBRUARY 15 19 86, and that in (my) our opinion death occurred on the date and hour and from the couses stated above, (Il we) Idia (did not view the body after death. 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN CHURCH HOSPITAL CORPORATION. 230 BURIAL, CREMATION, REMOVAL Burial Baltimore Oak Lawn Cemetery Md. 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE FFR 1 0 1096 Julie Wardson-Handale 24 FUNERAL DIRECTOR Weber & Sons Inc. 401 S.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

George,

REG. NO.

2h HOUR

9:08AM

15.1986

20 DATE OF DEATH MONTH

052278

FOR

REGISTRAR

1 DECEASED NAME

- STATE

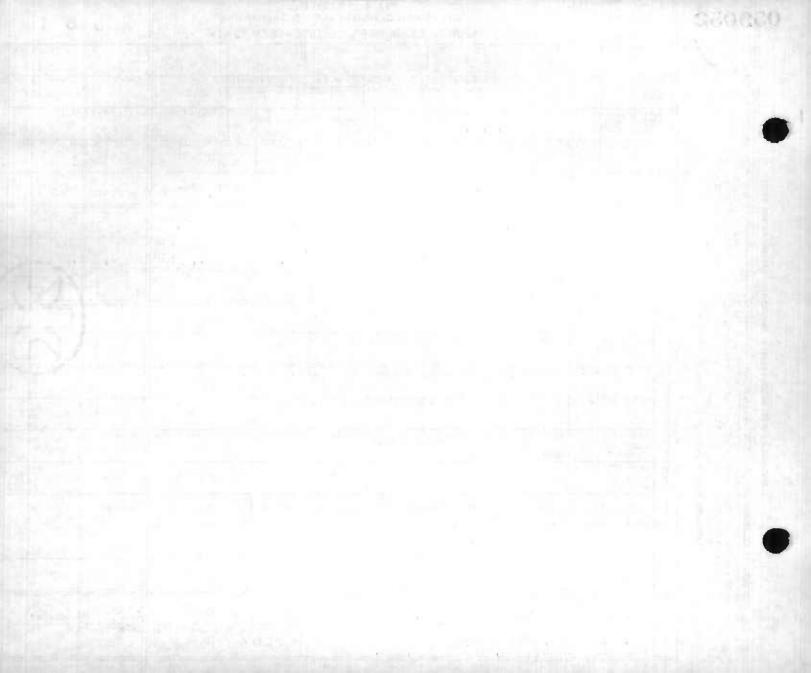
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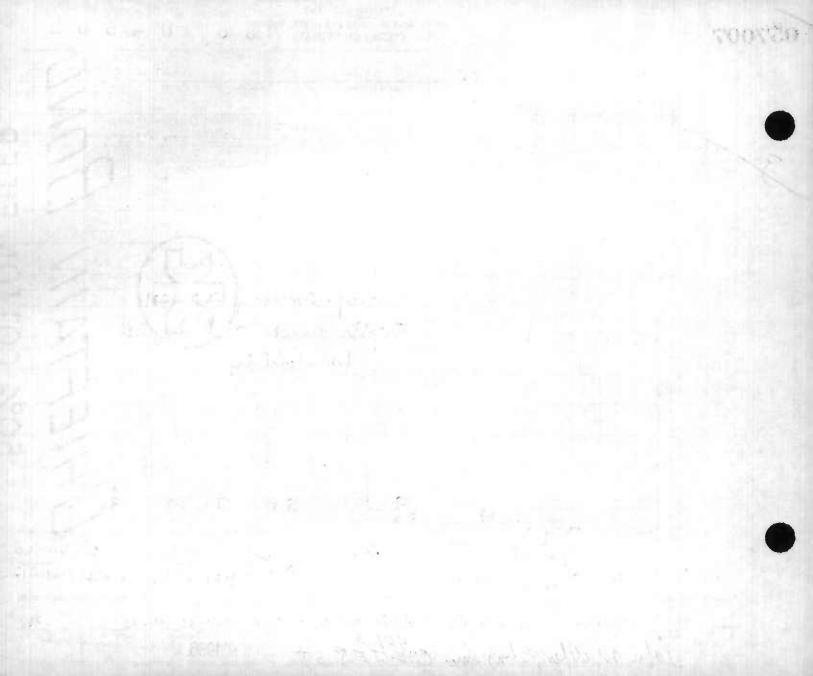
DHMH - 16 60M 7/84 (VRA 15, 4)

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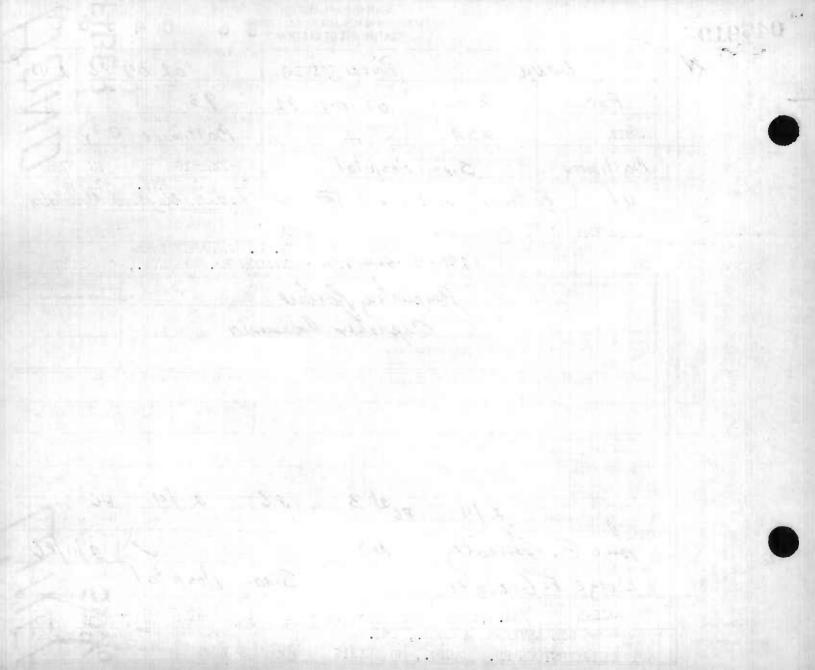
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	12		CEASED NAME	FIRST	17-20-1	MIDDLE			LAST			20. DATE	KNOWN	MONTH	DAY	YEAR	2b. HOU
	W 21.65	(TYP	E OR PRINT)	Blair	ne Fran	oie		Di-				OF	ESTI- MATED	6.20	22/ 1	9 86	
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E S FOR YOUR PILES. E) WITHIN 72 HOURS I W. PRESTON STREET	3. SEX		4 RACE	5. DATE OF BIRTH		AGE (IN YEA		IDER I YR. IF	UNDER 2	4 HDC	2c DATE		HINOM	DAY	YEAR	
	STATE	Ma		White	MONTH DAY	41ª	LAST BIRTHDA	MONTH				PRONOUN	NCED	- 1			10:2
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	RAILEST		RTHPLACE (ST		76. CITIZEN OF WH	AT COUNT	RY?	MARRI	ED NEVEL	RMARRIE	рП	9 BALTIM	ORE CITY	OR COUN	TY OF DE	HTA	
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O O	A A A A A	16a. V	AS DECEASES	DEVER IN U.S. ARA	MED FORCES?	16h SOCIA	AL SECURITY	NO.	U, INFORMA	NT .		D 11	ADDRES	SS			
F.	E P SSO	(Y	NO OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	277-	38-813	0	Mrs. M	arjo	rie	Prett	Dalt.	- m 0200	MA		
EA.	S PAH PAN	=						7	7007 E	. 40	ugn	50.,	Dair	TillOTe			
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Sic	SHA	ă	21d INJURY C		21e PLACE O	FINJURY	(AT HOME,	21f. LO	CATION								
>	SE S	N.	WHILE	NOT WHILE	STREET, FACTO	RY, FARM, ETC.)	5	TREET			CITY OR TO	WN	co	VINUY		STATE
	PAC TAT		AT WORK	AT WORK													
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	NE SET SET SET SET SET SET SET SET SET SE		death resulte	ed from: Natur	al couses X	Accident [Suid	ide	. Hamicide		Undete	rmined mo	onner 🗍		11.3		
	ARY MEN		0.000	-	1				TITLE (SPE	CIEVI							
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELE TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELE EXECUTE THE CERTIFICATE, WRITING THE WORD."PENDING" IN PENCIL IN 176M. 18. GIVE PAGES 1, 2, AND 3TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PROFINERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		ACTUAL SIGNATURE	1	1/1/				D. Assis	-				DATE	ED 2/2	22/8	6
		>	SIGNATURE.	- 2	1			M.	D. <u>ASSIS</u>	Lan	MEDI	CALEXAM	NINER	SIGNI	D_2/2	22/0	0
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	BP				2-26-86	Mt.	Carm	eT Ce	emetery			timon	17 45	• 13c H .	48 1967	ndall	g.
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STATE OF MARYLAND





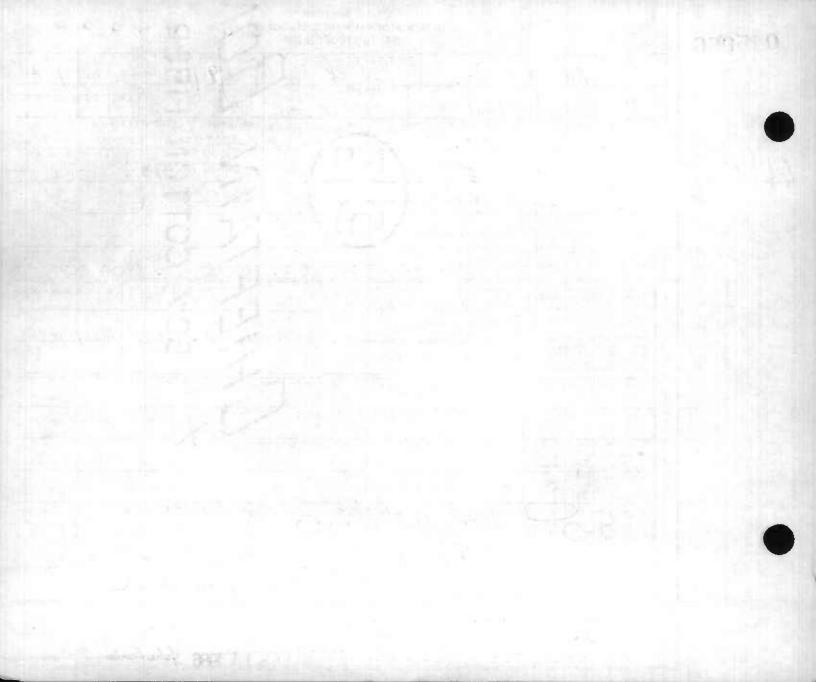
DAFOA	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 45	0 4 6	6 3
045019	- STATE		CERTIFICATE OF DEATH	REG. NO	0.	
1 11 A	DECEASED NAME FIRST	MIDDLE	Pier (PIVEN)		20486	25 HOUR
cror, pol	FEMALE	4 RACE WHITE	5. DATE OF BIRTH MONTH DAY PAR YEAR 2	6 AGE (IN YEARS LAST BIRT	IF UNDER I YEAR MONTHS DAY	
1 1197	76 BIRTHPLACE (STATE OR FOREIGN RUSSIA	76. CITIZEN OF WHAT COUNTRY		A IL	R COUNTY OF DEATH	Y 441
1	Baltinore	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATE ITYPE OF WORK FOR MOST O HOUSEWIF	ON 126. KIND	OF BUSINESS OR
	AL RESIDENCE (IF NURSING HOME OF STATE	INTY 136. CITY OR TO	ORE ADMISSION)	130 SLADE 13e STREET ADDRESS		208
1 11/3	JEREMIAH	SCHERR	IS. MOTHER'S MAIDEN NA FIRST RENA	WIDDLE	UNKNO	NAST DWN
Popular Condition	WAS DECEASED EVER IN U.S. AI		CURIT 041 17 INFORMANT DR. 7904 STEVEN		PIVEN ALTO., MD	21208
requires that the death c een signed by the uttending in Their please emans control to the burlot, ceremation, or py injury, or other traumostic	ten .		Esperation Freum	MINAL DISEASE OR CON	DITION GIVEN IN PART	
The loss of the lo	RTIFIC			YES NO	IN CERTIFYING CAUS	ES OF DEATH?
OSPITAL OR ATTENDING PRYSICIAN med by the hospital or orteriding physical processor or the business of the bus	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED NOT WHITE AL WORK 22a.l certify that (I) (this hosp	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE pital) attended the deseased from n. (AT HOME STREET, FACTORY, OFFICE (AT HOME S	211 LOCATION STREET 211 LOCATION STREET , and that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN 222 ADDRESS	city or to	wn COUNTY	STATE _, that (I) (we) las
PP	230 BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	FEB.5,1986 (NAME OF CEMETERY OR CREMATORY OHR KNESSETH ISRAFI.	23d LOCATION RO	BALTTMORE	E MD
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR SOL	LEVINSON & BROS	, INC. 250 DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	ATURE



	1		STA	ATE OF MARYLAND			
	1.	FOR STATE		FHEALTH AND MENTAL HYG TFICATE OF DEATH	SIENE 6	0 4 6 6) 4(
	1.05	REGISTRAR	MIDDLE		REG. NO	O. MONTH DAY YEAR	Tal HOUR
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fre- p	3. SE	1	4 RACE S. DAT	E OF BIRTH /	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER LYEAR MONTHS DAYS	
ge 4 r		temale	Caveagian 1:	2 X2 10	7K X 75	YRS.	
eath. Po neral din n 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? MARI	RIED XXVEVER MARRIED DIVORCED DIVORCED	D III	in country of DEATH	MD.
Fer d with	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION 128 KIND (F WORKING LIFE) INDUSTRY	OF BUSINESS OR
الم		13alto	Singi Hospital		MERCHAN		
Thee in by the north	13a	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIO	136 INSIDE CITY LIMITS?	136 STREET ADDRESS / 5907 BLAN	ZIP CODE #21	215
other 2 sh	14. F/	THER'S NAME	MIDDLE . LAST	15. MOTHER'S MAIDEN NA			ACT
bu be de		SAMUEL	* MBERKNOPF	HANNAH	FIEGA		ÖLSKY
nond se execut	16a.	VAS DECEASED EVER IN U.S. AF	VE WAR OR DATEST		MR. ADE POD		
Page:		YES, NO OR UNKNOWN) (IF YES, GI	216-32-6697	5907 BLAN	ID · AVE . BA	LTO., MD	21215
Sicro ppers ol.		18 CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b), and (c).)	Later Line House		APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
phy phy proposition of the propo			TE CAUSE (0) Carrier a	rrest			
ding orbo			DUE TO, OR AS A CONSEQUENCE OF				
deoti otion, troume		Conditions, if any, which		doli			
the d		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		- H		
by asse		underlying cause lost	(6)				
gned on ple burio	1.6	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	lio
op op op op	N N						
Drior prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	
he lo	I E				YES NO	YES	NO []
NG PHYSICIAN: The low offending physicion. offen this certificate has b os the burnol-tronsit perm th and Mental Hygiene provided at them 18 shows or orked at them 18 shows or	E E	210. ACCIDENT WAS UNDERLYING	- 110115 111 11011711 5111 115	21¢ HOW INJURY OCCUR	RED (FINER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	THE STATE OF
CLAN: T physici prinficote iol-tronsi ntol Hyg em 18 sh		OR CONTRIBUTING CAUSE OF DE					
ding of the or the	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	IWN COUNTY	STATE
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Mor Mark			oital) attended the deceased from	2 113 19 86		19 86	that (I) (we) last
TEN or of H		sow the deceased alive or	2 17 19 86	, and that in (my) (our) apinion	death occurred on the de	ote and hour and from th	e couses stated
REC PEC PET	100	22b. SIGNATURE	ot) view the body ofter death.	DEGREE		22c DAT	E SIGNED
the Distriction		6 - 16	Fa	MY ATTENDING PHYSICIAN	MEDICAL STAI	FF 2	/17/86
HOSPITAL med by the FUNERAL bid be detail to the Store	-	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	_ DIRECTOR FITTSIC	THE	72.700
TO HOSPITAL of FEBRUAL IS should be deto with the Store IMPORTANT. If	10	Eric	Weiner MD	STNAT HO	SP BALTO) MD	
Short of the short	230	BURIAL, CREMATION, REMOVAL		F CEMETERY OR CREMATORY	23d LOCATION	•,	
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	24 F	BURIAL UNERAL DIRECTORS OF TE	FER. 18, 1986 NO.	250 DA			ATLIRE
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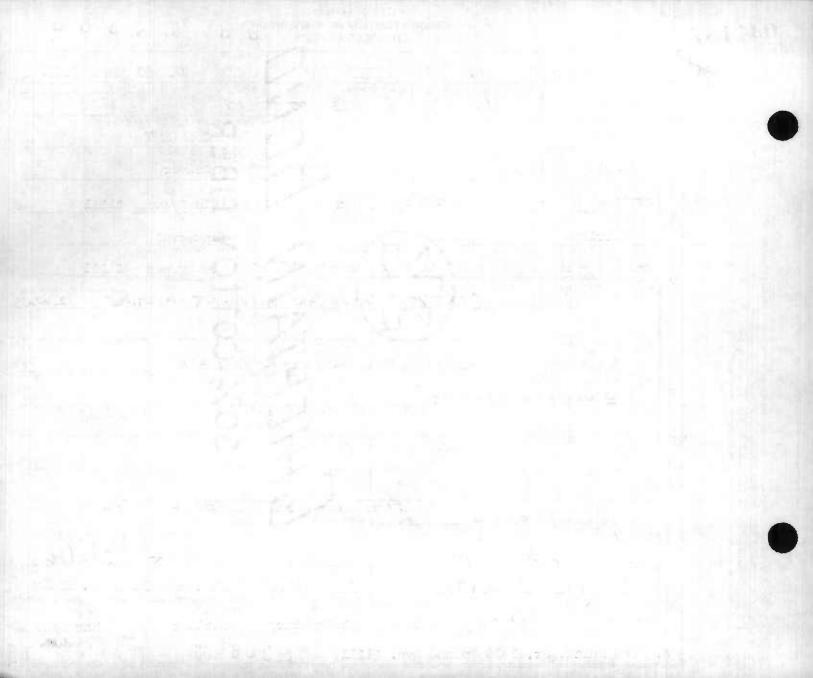
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(VRA 15, 4)



STATE OF MARYLAND

0411	18	7	1 -	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG	IENE. O REG. N	0 4	6	5 0			
m.s		4		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR			
y be	9			CLINI		L.		OLE		02 02		6:25P M			
0			3 SE)		4 RACE		5. DATE (6 AGE (IN YEARS LAST BI		FUNDER I YEAR	HOURS MIN.			
9 91				Male	Wh:	ite	9	15 25	60	YRS	- 7				
herol di n 72 ho	130	5	A BII	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland		F WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF	OF DEATH	MD.				
1	Par Par	2	all .	ty or town of death altimore	(IF NOT IN SI	UCH FACILITY, GIVE STREET	ADDRESS)	LAND 21218	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Truck Driv	OF WORKING LIFE		OF BUSINESS OR			
Zi hour		â	USU A 130 S	AL RESIDENCE (IF NURSING HOM TATE 13b, CC Maryland	E OR OTHER INSTITUTIO		E ADMISSION)	13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS						
1 77		-4	14 FA	THER'S NAME				15 MOTHER'S MAIDEN NAM	ME						
7 34	2市	\varnothing		Morris	MIDDLE	Poole		FIRST	(unkno	own l	LA	SE			
3 160	loo!	2		AS DECEASED EVER IN U.S.	ARMED FORCES?		JRITY NO.	17 INFORMANT	ADDR						
Pope	and a		()	Yes (IF YES	GIVE WAR OR DATES)	213-20-	-5804	Jack Morgan	3501 Elm A	venue	2121				
A 000	15			18 CAUSE OF DEATH Ente	anly one cause p			I TO STOLEN CO				NIMATE INTERVAL			
4 44	11			PART I. DEATH WAS CAL	DIATE CAUSE (a)_	CEREB	RAL	VASIULAR A	CLIDENT	-MULT	IPLE	2WK			
f ce iding	8 4	- 1			DUE TO,	OR AS A CONSEQU	ENCE OF								
di di	flor our	- 1		Canditions, if any, which (b)											
1 40	cherty other ty			gave rise to immediate cause (a), stating the underlying cause last.	-										
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9 99	日日		20	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I OF THE SECOND STATE OF THE SECOND STAT											
D Common	w pilo	9	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	ON WAS PERFORMED	20a. AUTOPSY?	IN CERTIFY	WERE FINDI	S OF DEATH?			
of the State of th	11.	-	ERT	21g. ACCIDENT WAS UNDERLYING	21h TIAAF	OF INJURY		21c HOW INJURY OCCUR	YES NO		000000000000000000000000000000000000000	NO 🗆			
CIAN 1 phys mthco altro	100 H	91		OR CONTRIBUTING CAUSE OF	DEATH HOUR	A.M. MONTH D	AY YEAR	THE FIGURE SECTION OF COMM	CED (ENTER NATURE OF INJ.	INT IIV IIEM III PA	INT TOKPART 2)				
Otherding the files of a the burn	had we	1	MEDICAL	21d INJURY OCCURRED	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE			
IND P	Hard.			77s.1 certify that (I) Ithis ha	market A		Fel		to_FEK	7		that (I) (wn) last			
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TALOR y the to talone	Cott Dep			Lesti.	1 Hill	1 ms			MEDICAL STA		21	2/86			
HOSPI TO FUNE TO FUNE	APORTAN	1		LESLIE		CATZEL		3900 LOCH RA	AVEN BLVD.	BALTIM	ORE MD	. 21218			
F 1 5 5	. 8		23a B	URIAL, CREMATION, REMOV	AL 23b. DATE	23τ.	NAME OF C	CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE							
BP				Cremation	2/5/8	36 G1	ceen M	Mount Cemetery	Baltimo		Ma	arvland			
DHMH - 16 6	50M 7/8	4		INERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAF	256 REGISTE		THRE			
(VRA 15			A	. Alan Seitz,	Jr. 3818	8 Roland A	Ave. 2	21211 FE	B U 6 1985	1	dra latinal and	1			



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME 2h HOUR HELEN (TYPE OR PRINT) POPOMARONIS 2-10-1986 11:13AM 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS White Female TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. Baltimore City WIDOWED DIVORCED [TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR Housewife WORKING LIFE INDUSTRY Church Hospital U. S. A. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13d. INSIDE CITY LIMITS? 139 STREET ADDRESS / ZIP CODE 617 S. Ponca Street 21224 Maryland Baltimore YES X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME William Vasilakis Evangelia MIDDLE Verge Mr. Thomas Popomaronis, 617 S. Ponca Street Baltimore, Md. 21224 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 215-14-9463 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c). PART I. DEATH WAS CAUSED BY RESPERATORY XXXXXXX ARREST DUE TO, OR AS A CONSEQUENCE OF WITH ANIXIA AND BRAIN DEATH Conditions, if ony, which b) ACUTE M T gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF otho underlying couse lost (c) ASCVD PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CHF 90 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY AT HOME STREET FACTORY OFFICE FARM ETC) CITY OR TOWN STATE NOT WHILE 10 86 86 ottended the deceased from 2-22a. | certify that (1) (this hospita 86 (au) opinion death occurred on the date and hour and from the causes stated 22h SIGNATI DEGREE 72L DATE SIGNED ATTENDING Viven 22e. ADDRESS CHURCH HOSPITAL CORP. ld b LUZVIMINDA K. PEREDO M. D. 100 N. BROADWAY BALTIMORE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL Burial Md. 2-13-86 Greek Orthodox Cem. Baltimore Baltimore BP 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Ann S. Matthews, Matthews Furreral Home guia Davidson- Mandalle (VRA 15, 4) 3021 Eastern Avenue Baltimore Md. 21224

062022	The designation of the property of the part of the par	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 6 REG. NO.								
e 64 0 40		OPPRINT)				0 1	ie R	2a. DATE OF DEATH February	23, 1986	26 HOUR 8:50a
Sector, por		Male		4 RACE	Le	5. DATE C		6 AGE (IN YEARS LAST BIT	YRS.	DER I YEAR IF UNDER 24 HRS
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A PARA	13a. :	Fr. /Ard			130. CITY OR TOW	N I	13d. INSIDE CITY LIMITS? YES X NO	130.STREET ADDRESS 947 Armis		21205
pmplets and 2	14. FA	FIRST	,		Porter		Minta	WIOOFE		Sparks
on ond co. Poges			(IF YES GIVE	WAR OR DATES)	29910 5		17 INFORMANT Edi 1973 Leslie	th M, Patte	rson ville. C	hio 43701
physicia on popers emovol.		18 CAUSE OF DEAT PART I. DEATH W			CAndin - 6	dici)	01			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hat the death ce by the ottending ose remove corb I, cremation, or r other troumatic		gove rise to imm cause (a), statin	nediate g the	(1b)	clasure	y c	ongestion	v edm.	9	
equires to signed to burid nijury, or	NO					EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN II	N PART lia
he le hos	RTIFICATI	190 DATE OF OPERA	NON	196 COND	LASE / CA	OPERATION		20a AUTOPSY? YES NO	IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH? NO
SICIAN: ng physic certifico unal-tron tental Hy tem 18 :		OR CONTRIBUTING (AUSE OF DEAT	HOUR A.	m. month da m.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)
ING PHI	MEI	WHILE NOT WH	RK R	(AT HOME STE	REET, FACTORY, OFFICE, FA		STREET	CITY OR TO		OUNTY STATE
Spitol o Scrok: , CTOR: , of for use of the m 21 is m		saw the decease abave, (Nwe) (c				Dec.	5 19 86 d that in (Xsy) (aur) opinian	, to <u>Fehrua</u> death accurred on the d	ry 23, 19 ate and haur and	86 that (X(we) last from the couses stated
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O HOSP etained TO FUNE should be with the		7	- (osen, v	'			Raven Blvd.	Baltimo	re MD 21218

DHMH - 16 60M 7/B4

236 BURIAL, CREMATION, REMOVAL Cremation
24 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Balto., Md. 21222 (VRA 15, 4)

23c NAME OF CEMETERY OR CREMATORY

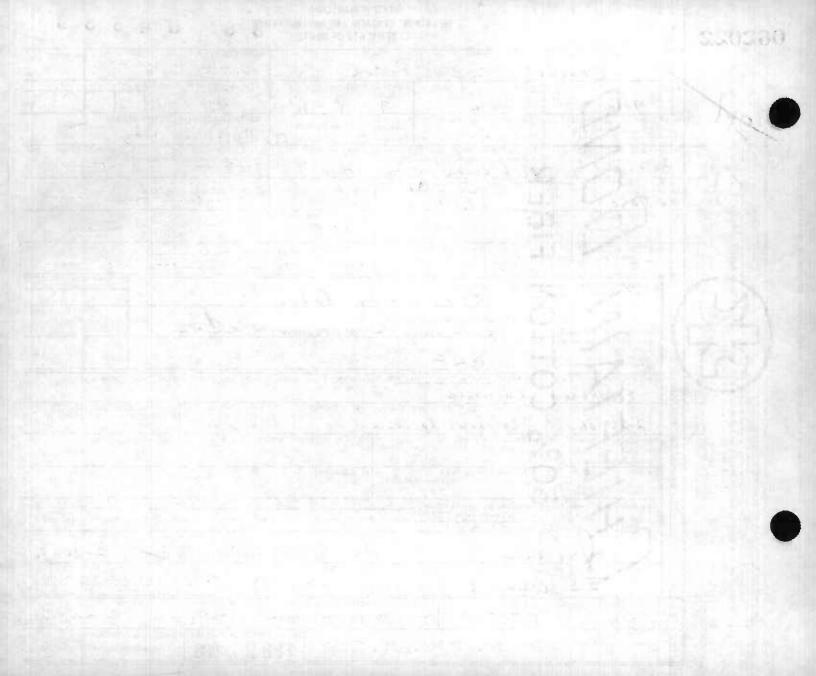
2/26/1986

236 DATE

Baltimore Green Mount Crematory 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d. LOCATION

COUNTY Maryland Landson-Randelle



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A CHANGE	3. SEX			5. DATE OF BIRTH		. AGE (IN YEAR	s IF UN	DER 1 YR.	IF UNDER		DATE		MONTH	DAY	YEAR 24 HOUR
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ORE, MD. 21201 R DEATH. IF ANY DELAY AGES 1, 2, AND 31 OT I RM PM 3, RETAIN PA I AND 2 SHOULD BE FI I AND 2 WOLVITAL RECORDS, 2	Md	•	13b. COUNT		Bar	inore		YESX	NO 🗆	512	7 Se	Kots	Rd.	41	201
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ORE, R DEA] RRM PI I ANI	Н	erman			angf				adys					ing	
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S PERSONAL STATES	-	2.4		E CAUSE (o)		Ligatu		and Ma	anual	Strai	ngula	tion		-	
BE TO SERVE		Conditions, if	any which	DUE TO, OR	AS A CONS	EQUENCE OF	-								
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DIVIS PR: THIS CER ATE, WRITIN ORWARDED RR: PAGE 3: S HE STATE DEF	2	AT WORK AT	WHILE K	hoi		.)	51		cots F		CITY OR TOW Balti		City	, Md.	STATE
IR: THI ATE, W DRWA DRWA E STA ID, 21:		22a. I certify that	I taak charge	of the remains desc	ribed abave	e held an	Autops	, [X]	Inspection		Inquiry		and in my ai	pinian	
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A H H H H H H H H H H H H H H H H H H H		SIGNATURE	1	/ //	1/		M.	D. Ass	sistar	1 MEDIC	AL EXAM	INER	DATE	2	2/22/86
MOR WOR		EXAMINER'S NAME		10	4										
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STEATH, WAR PLAND, 2		(TYPE OR PRINT)	Gree			an, M.I	NAME OF TAXABLE PARTY.	ADDRESS_		111 Pe					
FOSE49	15	PECIFY)	REMOVAL 23	3/1/86		Mori			ORY	(13d LOC	ATION 10 May	J	cod	₩ Jei	rsyate
07/B4 BP		ial	-					- 1	25. DATE D			Tark Dr	CICTRADIC	1001147110	
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FOR STATE

STATE OF MARYLAND

March F. H. 1101 E. With Are

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

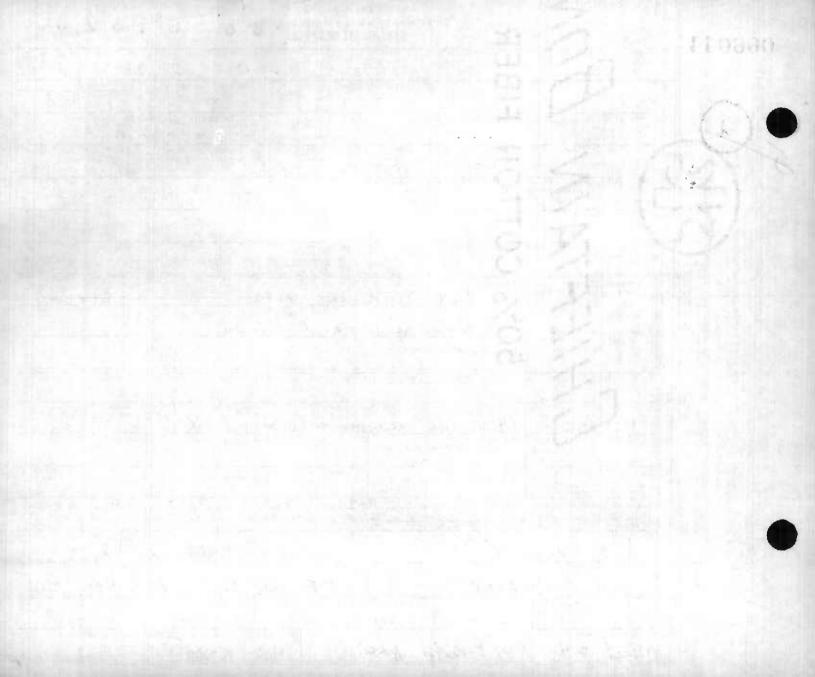
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	REGISTRAR			CERTII	ICAIL OI	DEATH	REC	S. NO.			
	ECEASED NAME FIRST		MIDDLE	ι.	AST		20 DATE OF DEAT	H MONTH	DAY	YEAR	26 HOUR
(ITTP	MILDRED		A	POWE	ELL			2	28	86	200 PM
3. SE	X	4 RACE		5. DATE C		WEAD	6 AGE IN YEARS LAS	T BIRTHDAY)	MONTH.	DER I YEAR	IF UNDER 24 HRS
	F	В		MONTH	23	12	73	Y	RS		, and
200	PRIHPLACE I STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVED	MARRIED -	9 BALTIMORE CIT	Y OR COU	NTY OF	DEATH	
6	MARYLAND	U.S	S.A.	WIDOWE		NORCED [BALTIMOF	RE CIT	Y		MD
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION	12a USUAL OCCUP	PATION	12	L KIND O	OF BUSINESS OR
	BALTIMORE	UNION	MEMORIAL	HOSPI	TAL		N/A	331 03 11 04 11		VDO31K1	
13a	DAL RESIDENCE IN NURSING HOME OF STATE MARYLAND		GIVE RESIDENCE BEFORE 131 CITY OR TOWN BALTIMO	ADMISSION)	13d INSIDE	CITY LIMITS?	13e STREET ADDRE	SS / ZIP C	ODE	0.00	
_			BALTIMO	ORE	YES X	NO 🗌		HILL	AVEN	UE	21218
	ATHER'S NAME	MIDDLE	LAST			S MAIDEN NA	ME	LE		LA	ST
	RAYMOND	100	PERRY		AL	ICE				SWAI	LES
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITYNO	17 INFORM			DRESS	100		
	NO		UNKNOWN		DOLO	RES CORI	NICK 6734	FOX N	1EADO	W RO	AD 21207
	18 CAUSE OF DEATH (Enter or	nly one cause per	line for (a), (b), and	d c				-171		BETWEEN	ONSET AND DEATH
	PART I. DE ATH WAS CAUSE	D BY TE CAUSE (a)	CARDIOS	Pur	LONAR-	? ARR	EST			IMM	LEDIATE-
13			R AS A CONSEQUE								
	Conditions, if any, which	((b)	ADENOC	ARCII	NOMA	OF C	DLON				
	gave rise to immediate cause ia, stating the	DUE TO O	R AS A CONSEQUE							-	
	underlying cause last.	(5)	R AS A CONSEQUE	NCEOF							
	PART 2 OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	VINAL DISEASE OR C	ONDITION	GIVEN	V PART 1	0
CERTIFICATION	The state of the s										
1 E	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?				NGS USED S OF DEATH?
E	1/23/86	OBST	PUCTION (ARCIN	MA O	F COLOR	YES NO		YES [CAUSE	NO [
1 8	210 ACCIDENT WAS UNDERLYING	216 TIME O					RED (ENTER NATURE OF	INJURY IN ITE	A 18 PART 1	OR PART 2)	- 22
¥	OR CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DA	Y YEAR							
MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCAT					COUNTY	STATE
2	WHILE NOT WHILE AT WORK	(AT HOME STE	REET, FACTORY OFFICE FA	RM ETC)	STRE		CIIAC	OR TOWN		UNIT	STATE
	22a 1 certify that (1) (this hospi	tal) attended th	e deceased from		1/9	19 86	2	128	19 8	6	that (l) (we) last
	saw the deceased alive on	and the same and the same	19	, an	nd that in (my) (our) opinian	death occurred an th	ne date and	havr and	fram the	causes stated
	17h SIGNATURE	T HEW THE CODY	offer death.	[DEGREE					22c DATE	SIGNED
	W.A. Jan	and.				ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	<	2/-	18/86
	224 PHYSICIAN'S NAME CHING	a result			22e ADDRE				~	/	
	W.A.	IRANE	K		201	E. UN	IV. PKWY	, B	ALTIN	10 CE	MD.
-											1 1
230.	BURIAL, CREMATION, REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR	CREMATORY	23d LOCATION			YINL	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT: If Hem 21 is marked or



1.	FOR • STATE	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 6	0 4 6 7	7
1 DEC	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO), MONTH DAY YEAR	2b. HOUR
	E OR PRINT)	MIDDLE		100		P
3 SE)	WINA	4 RACE	PRASERTRATNA Is. Date of Birth	FED. 7, 1		11:10A
	FEMALE	ORIENTAL	12 4 42	43	MONTHS DAYS	HOURS MIN.
7a Bil	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR	COUNTY OF DEATH	
T	Phailand	THAILAND	WIDOWED DIVORCED	BALTIMORE	CITY	M
II.CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	128 USUAL OCCUPATIO		OF BUSINESS OR
BA	ALTIMORE	JOHNS HOPKINS		HOUSEWIF		MAKER
13a S	STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO		13e STREET ADDRESS /	ZIP CODE Apt 3	01
MA	ARYLAND A.	A. GLEN I	BURNIE YES NO X		ATER COUR	T 21061
In FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LA LA	.51
/	Unknown			Unknown		
		E WAR OR DATEST	Apc. JUL	Glen Burn	ie, Maryla	nd 210
	No	54 / 06	3404 Surapol Pr	asertratna	314 Gate	water (
20	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ily one couse per line far 101, (b), o		: (Quan		ONSET AND DEATH
		TE CAUSE (a) LET retre	rispraying for	accioce	CHRON	107. 1 mil
		DUE TO, OR AS A CONSEQU	JENCE OF PROLETO	nia with	seepis 3	days
	Conditions, if any, which gove rise to immediate	(b) D/C	iferal /	400	idoria	/-
	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	sent Cymphone		1	1/2 year
	2.07.0 -7.150 0.0.150	(0)			· · ·	
Z	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERA	AIN AL DISEASE OR COND	II ION GIVEN IN PART I	la
ATIO	190 DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND!	NGS LISED
CERTIFICATION				YES NOT	IN CERTIFYING CAUSES	S OF DEATH?
ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY		МОЦ
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	21f LOCATION			
ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM ETC.) STREET	CITY OR TOW	N COUNTY	STATE
		tal) attended the deceased from	1/22 10 86	10 2/7	10 86	that The (we) last
	saw the deceased alive an	2/7 19	86 and that in (my) (our) opinian	death occurred on the dat	te and haur and from the	(, (, , , , , , , , , , , , , , , , ,
17.	above, (I) (we) (did) (did no	t) view the bady after death.	DEGREE			SIGNED
	Athric	m	ATTENDING	MEDICAL STAFF	7/-	186
	224. PHYSICIAN'S NAME (TYPE C	PRIN1)	22e ADDRESS 600	N WOLFE ST		21295
	AQIL P.	MAM	JOHNS	MOPKI	NS HUC	PITAL
	226. PHYSICIAN'S NAME (TYPE C		PHYSICIAN [DIRECTOR PHYSICIAN, WOLFE ST.	BALTO ME	-

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL Cremation

231. NAME OF CEMETERY OR CREMATORY

23b DATE 2/10/86 24 FUNERAL DIRECTOR

Westview Crematory Catonsville Balto Md

Raymond C. Fink Glen Burnie, Md 21061

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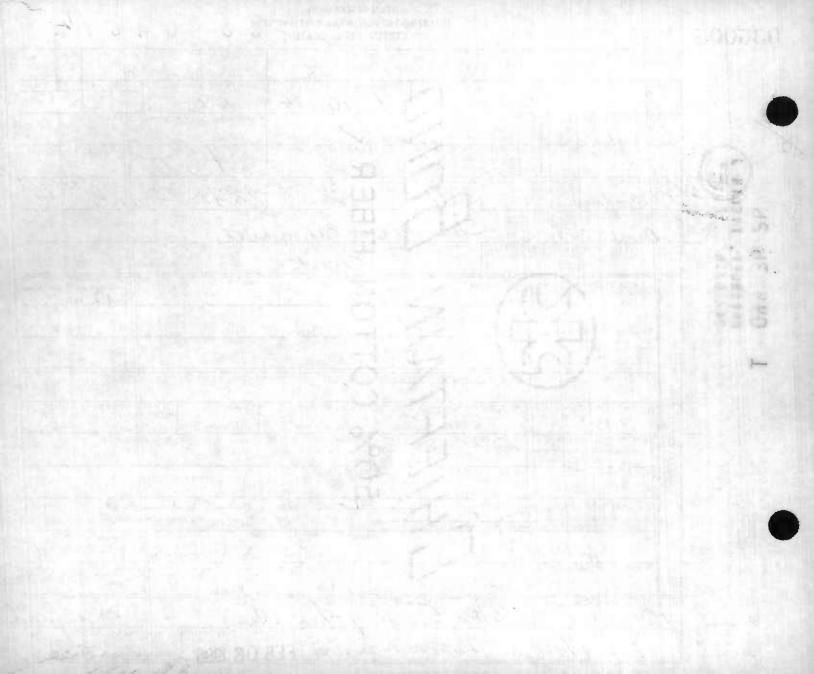
DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

aus as



DIVISION OF VITAL RECORDS, 201 W.

2002	1 -	FOR 4/10/8 STATE REGISTRAR	36 rja		DEPA	RTMENT OF H CERTIF	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	6 REG. NO	0	4 6	7 3
שאטטי		EASED NAME	FIRST		MIDDLE	i.	AST	20. DATE C	OF DEATH		DAY YEAR	2b HOUR
10	TYPE (CA	LVIN	PREST	ON			FFEBF	RUARY	25,	1986	5:15 ^A
1	SEX		4	RACE		5. DATE C			YEARS LAST BIRT	[HDAY]	IF UNDER 1 YEAR	R IF UNDER 24 HRS
	M			B 3°onth			27 38	45	47	YRS.	MONTHS DATS	HOURS MIN.
125		THPLACE (STATE OR FO	OREIGN 7		WHAT COUNTR	MARRIEI WIDOWE	NEVERMARRIED D	BAT	ORE CITY O	R COUNT	Y OF DEATH CITY	MD.
-85	В	Y OR TOWN OF DEA ALTIMORE		(IF NOT CH	URCH		R OTHER INSTITUTION	120 USUAL	L OCCUPATION ORK FOR MOST OF	ON F WORKING L	12b KIND INDUSTRY	OF BUSINESS OR Y
35	M	ARYLAND	136 COUNT	THER INSTITUTION Y	BALTT		13d. INSIDE CITY LIMITS?		8DDESS É	3 7 1569	EE STR	EET21213
		HER'S NAME EROY	M	DDLE		STON	DORÖTHY		ANIEI	LS	MOAL	AST JS
16	Y	AS DECEASED EVER I		WAR OR DATES)	216-3	CURITY NO. 6-3058	DORTHY	MOALS	421		WARTZ	AVE.
11	1	PART I. DEATH WA	AS CAUSED	BY.			ONARY ARRES	ST			BETWEEN	NIMATE INTERVAL N ONSET AND DEATH
to bursol, cremon njury, or other tro		Conditions, if ony, gave rise to imm cause (a), stoting underlying cause	nediate g the lost.	(c)	R AS A CONSEC		NOT RELATED TO THE TER	MINAL DISEA	SE OR CONI	DITION GI	IVEN IN PART 1	lia
ows ony intu	The same	9a DATE OF OPERAT	ION	196 CONDITION FOR WHICH OPERATION V			N WAS PERFORMED	IN CERTI		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)		
9	ŧ	2 1 a ACCIDENT WAS UNDER	AUSE OF DEATH		FINJURY M. MONTH M.	DAY YEAR	21¢ HOW INJURY OCCU					
thed or th	`	216 INJURY OCCURR	ile 🔲	144.140	REET, FACTORY, OFFIC		211 LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
21 is me		sow the decesso obove, (1) well (decessor)	(this haspital	FEBRU	ARY25	86 an	JARY 22 ₁₉ 86 d that in (my Cour) opinion	ta_F	EBRUZ red on the do		. 17	, into i i was into si
of a ben		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAI						F _		ESIGNED		
PORTAN		22d. PHYSICIAN'S NA		JH M.D).		100 N. BI	RCH HO	SPITZ	AL C		
23	(5	JRIAL, CREMATION, F PECIFY) URIAL	REMOVAL	236 DATE 2-28			EMETERY OR CREMATORY ISON FOREST	23d LOC	TATION TY OR TOWN DWING	MIL	LS N	MARYLAND
16 60M 7/B4	FU	VERAL DIRECTOR						THS H	REGISTRAR	25h REGIS	TRAR'S SIGNA	Mistrialists.

STATE OF MARYLAND

Film Gol4 item 6

(VRA 15, 4)

WM.C.MARCH Fin INC. 1101 E. NORTH AVE

TRAR'S SIGNATUSE HAKE

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044166	1	STATE REGISTRAR		DEPARIM		EALTH AND A		GIENS (REG. N	U A	0 /	GN.
		CEASED NAME FIRST		MIDDLE	l l	AST		20 DATE		MONTH DAY	YEAR	26 HOUR
poge 3	(14b	OR PRINT) ELEAI	JOB	MARIE	р	RESTON				2-7-	86	8: 20 4 4
you do	3. SE		14 RACE	TIMICIE	5. DATE C			6. AGE (IN	YEARS LAST BIR	THDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS
offer. p		DEMAT E	177	HTMP	MONTH		YEAR			MONI	HS DATS	HOURS MIN.
dered	AT B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	9	16		69	PR COUNTY OF	DEATH	
\$ 25 8 X	0.	COUNTRY				NEVER N					DEATH	
de grande		aryland	U.S.	A . HOSPITAL, NURSIN	WIDOWE		ORCED [ltimor	e City		MD.
# # \$7	10.0	IT OR IC WIN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET A	ADDRESS)	K ÓTHEK INST	IIUIION				26. KIND OI NDUSTRY	F BUSINESS OR
v 6 = c)		Baltimore	Mer	cy Hospit	al			Hom	emaker			
filled in sould be	13a.	AL RESIDENCE (IF NURSING HOME CONTACT 136 COU	ROTHER INSTITUTION	13c. CITY OR TOWN		13d INSIDE CI	TY LIMITS?	13e STREET	ADDRESS	ZIP CODE		
2 (1 1 1		aryland		Baltimo	re	YES 🔯	NO [2149	Wilke	ns Aven	ue 2	1223
the special states	14 F.	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S		AME	WIDDLE		LAST	
ed w		Elmer		Bich	ell	Li	llie		WIDDLE			ttle
ond co		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAL	NT		ADDRI	SS		
Poge exe		NO NO OR UNKNOWN) THE YES, G	ME WAR OR DATES!	214-24-	0104	Archie	J. P	reston	2149	Wilkens	Ave.	21223
sicio ppers		18 CAUSE OF DEATH Enter o		line for (o), (b , and	dicit			-			APPROXIA	MATE INTERVAL
phys on pop emovo		PART I. DEATH WAS CAUS	ED BY: .TE CAUSE (0)	Prey moni.	2						?	
ding or re				R AS A CONSEQUE					STATE OF THE			
deoth control of the		Conditions, if ony, which	(ib)	COPD	IACE OF						Yea	13
		gove rise to immediate couse (a), stating the	DUE TO O		NCE OF					070		
by the		underlying couse lost	DOE TO, OI	r as a conseque	NCE OF					33 G V		
ple or		PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	FATH BUT	NOT RELATED	TO THE TER	MINAL DISEA	SE OP CON	DITION GIVEN I	NI PART III	
sign Then to be	20						, , , , , , , , , , , , , , , , , , , ,		OK CO. 1	DINOIT ON EIT	TAKI TIO	
beer raint prior	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AU	OPSY?	206 IF YES, WE	RE FINDIN	GS USED
ws per	F							YES	поп	IN CERTIFYING		OF DEATH?
AN: Thouse of ficore of tronsit of Hygie	1 1	71a. ACCIDENT WAS UNDERLYING	7 16. TIME O	FINJURY	-	21c HOW IN	IURY OCCU		1.00	RY IN ITEM 18 PART I		140 []
SICIAN ng phy certific certific miol-tra	CAL	OR CONTRIBUTING CAUSE OF DE	ATT.	M. MONTH DA				, context			0.00	
HYSIC1A nding pl nis certif buriol-t Mentoll ar item	S	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.:		19	216. LOCATIO	N					
the the ond	MEDI	WHILE NOT WHILE	(AT HOME STR	REET, FACTORY OFFICE, FA	ARM ETC)	STREET			CITY OR TO	WN	COUNTY	STATE
Afre os olth on ork					2	- 7	10 8%		2-	7	810	
THEO OR		22a. I certify that (I) (this hasp saw the deceased alive or		2-7 19 8	1					ote and hour and		hot (I) (we) lost
hospiral RECTO hed fo eept of tem 2		above, (I) (we) (did) (did no 226, SIGNATURE	ot) view the body	ofter deoth.			-	deoin occor	ed on the do	ore ond nour one		
0 . 0 00 -	100	N. SIGNATURE	R	1. 1	mal	EGREE A	TENDING	MEDICAL	STAI	F	27c. DATE S	
ERAL Store		22d. PHYSICIAN'S NAME (TYPE	1 orang	deker,	VIA		HYSICIAN	DIRECTO	R PHYSIC	IAN D	2-7	-85
HOSPITAL FUNERAL WId be de- th the Stote		1 SICIAN SINAME TIPE	SKPKINI)	1 115			Mer	cy Hosp		2		
TO HOSPITAL OF TO FUNERAL Eshould be deto with the Store EMPORTANT: If		dimberly 0	randec.	Ker, M.D.	,	301 5	t. Pai	1 1	e L	Saltimo	re, M.	D 91908
5 5 7 3		SURIAL, CREMATION, REMOVAL	. 736. DATE	23€ N	AME OF C	EMETERY OR C	REMATORY	23d LOC	ATION	50	HAITY	STATE
BP		Cremation	2/8/	86 Se	curit	y Proce	ss Cr		tonsvi	lle Ba	lta.	Marry land
DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR		ADDRESS	21229		25a De	EB1T	REPUBLI	250-RECHSTRAR	SSIGNATE	RE
(VRA 15, 4)	Н	ubbard Funeral	Home, I	nc. 4107	Wilke	ns Ave.						



ABROWSKI - 1005 DUNDALK

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D, BY REGISTRAR JAB REGISTRAN'S SIGNATURE

STATE

STATE



058098	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 6 0 4 5 7 6
used within 24 hours ofter death. Page 4 may be a completely filled in by the funeral director, page 3 ges. I and 2 should be filed within 72 hours after death dical examiner mistiple cofficial of page.	3. SE. Jo. B 10 C B 50 U 130. S	TY OR HOWN OF DEATH AL RESIDENCE (IF NURSING HOME OR LITATE 136 COUNTY) ALTHUR STREET ALTHUR	A. RACE A. RACE S. DATE OF BIRTH MONTH DAY YEAR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED INVOICED WIDOWED TO INVOICED WIDOWED TO INVOICED DISTANCE ADDRESS	
equires that the death cultifications is signed by the attending to be please remove carbonopapers. Pages to burial, cremation, ar removal. njury, or other traumatic event, the medic	NO	PART I. DEATH WAS CAUSEI IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stafing the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b).	ENSIGN
TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If Hem 21 is marked or Item 18 shows any in	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK 220. I certify that (I) (this haspitable). Saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	THE HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) Tal) oftended the deceased from 19 ond that in (my) (our) opinion 11 yiew the bady after death. DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO SED IN CERTIFYING CAUSES OF DEATH? YES NO SED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 19 C, that (I) (we) large the death accurred on the date and hour and from the causes stated of the death accurred on the date and hour and from the causes stated of the death accurred on the date and hour and from the causes stated of the death accurred on the date and hour and from the causes stated of the death accurred on the date and hour and from the causes stated of the death accurred on the date and hour and from the causes stated of the death accurred on the date and hour and from the causes stated of the death accurred on the date and hour and from the causes stated of the death accurred on the date and hour and from the causes stated of the death accurred on the date and hour and from the causes stated of the death accurred on the date and hour and from the causes stated of the death accurred on the date and hour and from the causes stated of the date and hour and from the causes stated of the date and hour and from the causes stated of the date and hour and from the causes stated of the date and hour and from the causes stated of the date and hour and from the causes stated of the date and hour and from the causes stated of the date and hour and from the causes stated of the date and hour and from the causes stated of the date and hour and from the causes stated of the date and hour and from the causes stated of the date and hour and from the causes stated of the date and hour and from the
BP		BURIAL CREMATION, REMOVAL SECTIFY BURIAL BURIAL DIRECTOR NAME OCKS FUNE	236. DAJE 236 NAME OF CEMETERY OR CREMATORY 2/26/186 art who mem T	23d. LOCATION CYPORT IN COUNTY STATE EREC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

063039

P

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE OF DEATH MIDDLE MONTH YEAR 7h HOUR LIYPE OR PRINT 105 3 SEX RACE 5. DATE OF BIRTH A AGE TIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR 20 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY ma WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 YIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE OMEMAKEN Secours 13g STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP, CODE 14 FATHER'S NAME MIDDLE PAST MIDDLE **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for io), (b), and (c) IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the CONSEQUENCE OF underlying couse lost. PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II.0 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF PERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [] 21g. ACCIDENT WAS UNDERLYING

71b. TIME OF INJURY HOUR A.M. MONTH

DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2)

and that in [my] (our) opinian death occurred of the date and hour and from the causes stated

P.M. 21e PLACE OF INJURY 19

211 LOCATION

COUNTY CITY OR TOWN

STATE

NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

saw the deceased alive on-

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

obove, (M (we) (did) (did not) view the body after death 226 SIGNATURE

DEGREE 22e ADDRESS

MEDICAL ATTENDING

HISICIAN PHYSICIAN

22c DATE SIGNED

230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY CHARRY No11

23d LOCATION

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

should be deto

MPORTANT:

00

24 FUNERAL DIRECTOR

REGISTRAR 256. REGISTRAR'S SIGNATURE

REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH TYPE OR PRINT Ann MARY PULASKI 19,86 RIYEAR 4 RACE 3. SEX YEAR White temale March 10 1910 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Md. Baltimore (ity O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore hurch Hospital Housewile UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b COUNTY 13e STREET ADDRESS / ZIP CODE Baltimore hester St. 21231 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Adolph)awicki 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YEMINO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 214-24-6407 Patricia Korman 127 Greenridge Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)_ CARDIAC ARRECT DUE TO, OR AS A CONSEQUENCE OF SEPSIS STAPH PNEUMONIA Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. RENAL FAILURE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV CERT 210 ACCIDENT WAS UNDERLYING THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED The PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 270 I certify that (1) (this hospital attended the deceased from JANIIARY 31 10 sow the decease give on FEBUARY 12 19 above. (I we) did you not view the bady after death 86 nd that in (my (aur) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF CHURCH HOSPITAL CORPORATION should be with the S PEREDO, KNXXMLUZVIMINDA K. M.D100 N. BROADWAY BALTIMORE. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial 2-17-86 Holy Rosary Cemetery

Weber & Sons Inc. 401 S. Chester St.

- STATE

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

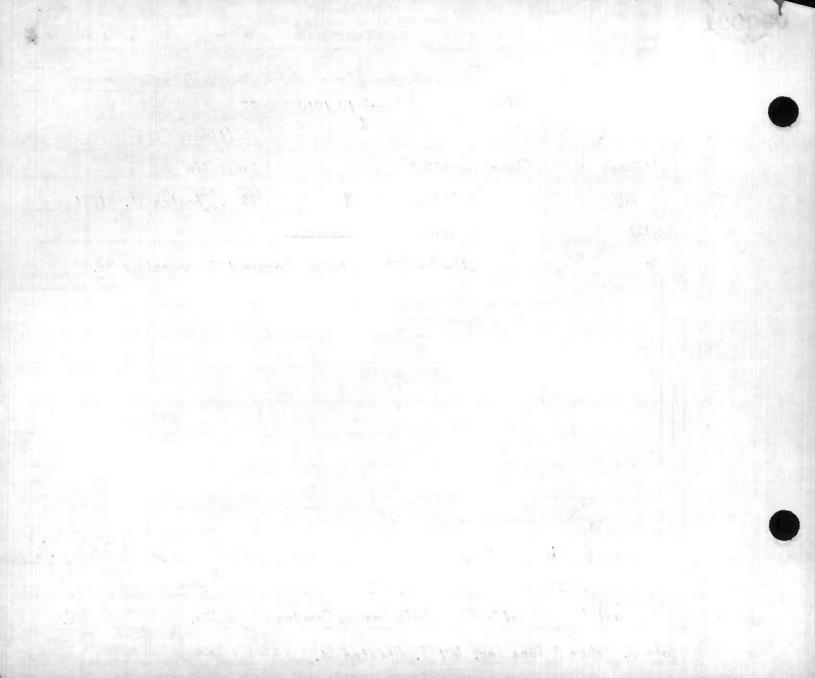
2b. HOUR

STATE

STATE

Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



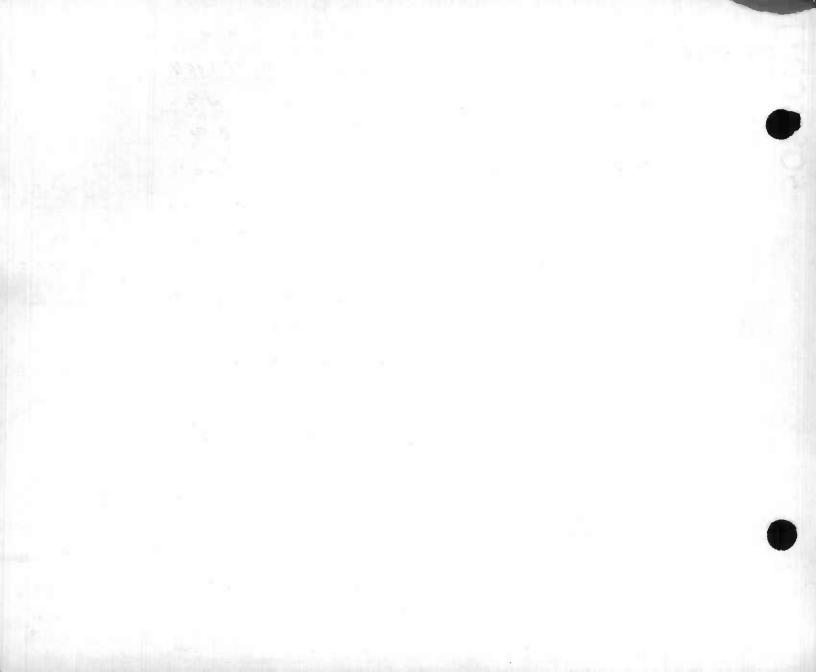
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	
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J	and .	0	1	1

1	FOR STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	REG. N	0 4	5 7
	DECEASED NAME FIRST	WIDDIE	LAST			YEAR 2h. HOU
	TROY	F	ULLEN	2/21/81	10	3:0
3. S	EX		S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS
	MALE	BLACK	7/31/36	49	YRS	1
7/10	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEA	ATH
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE		KIND OF BUSINE
4	BALTRIORE	SINDS HUSPITH		LA60	P WORKING (IFE) INDI	USIKI
30 30	U.S. TATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ALL NTY 13c. CITY OR TOWN BALT	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS .	ZIP CODE	Rd# 2
	FATHER'S NAME	MIDDLE 1951	15. MOTHER'S MAIDEN NA	ME	1	/ IAST
S C 160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURI	TYNO 17 INFORMANT	71#	55	4nTan
21		GIVE WAR OR DATES) 217-34-	159 Alene H	Pullen 88	122. 5	arid
	18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b), and (1	BE	APPROXIMATE INTER
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) CARDIO - RE	SPIRATORY ARR	EST (ACL	Le)	
2	IMMEDIA					
200	Conditions, if any, which		CE DEBILITATION	ON		
	Conditions, if ony, which gove rise to immediate couse [0], stating the	DUE TO, OR AS A CONSEQUEN (b) CHRONI DUE TO, OR AS A CONSEQUEN	CE OF DEBILITATION			
	Conditions, if ony, which gove rise to immediate cause [0], stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN (b) CHRONI DUE TO, OR AS A CONSEQUEN (c) CHRONIC	CE OF DEBILITATION CE OF MENINGEN - ENCE	PHALO PATHY		
NO.	Conditions, if ony, which gove rise to immediate couse [0], stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUEN (b) CHRONI DUE TO, OR AS A CONSEQUEN	CE OF DEBILITATION CE OF MENINGEN - ENCE	PHALO PATHY	DITION GIVEN IN P	ART No
CATION	Conditions, if ony, which gove rise to immediate couse [0], stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUEN (b) CHRONI DUE TO, OR AS A CONSEQUEN (c) CHRONIC	CE OF DEBILITATA CE OF DEBILITATA ICE OF DEBILITATA CE OF DEBIL	PHALO PATHY	20b. IF YES, WERE	FINDINGS USED
THEATION	Conditions, if ony, which gove rise to immediate couse [0], stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUEN (b) HRON I DUE TO, OR AS A CONSEQUEN (c) CHRON I CONDITIONS CONTRIBUTING TO DE	CE OF DEBILITATA CE OF DEBILITATA ICE OF DEBILITATA CE OF DEBIL	PHALO PATHY MINAL DISEASE OR CON		FINDINGS USED
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse [0], stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUEN (b) CHRONI DUE TO, OR AS A CONSEQUEN (c) CHRONIC CONDITIONS CONTRIBUTING TO DE	ICE OF DEBILITATA ICE OF MENINGENT - ENCE ATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED 71c. HOW INJURY OCCUR	PHALO PATHY MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO.} \)	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEAT NO
	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OR CONTRIBUTING CAUSE OF DIFFERENCE OR CONTRIBUTING CAUSE OF DIFFERENCE OF THE COURT OF THE CO	DUE TO, OR AS A CONSEQUEN (b) CHRONI DUE TO, OR AS A CONSEQUEN (c) CHRONIC CONDITIONS CONTRIBUTING TO DE 19b. CONDITION FOR WHICH O 19b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. P.M.	ICE OF DEBILITATA ICE OF MENINGSAL - ENCE ATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED YEAR 19	PHALO PATHY MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO.} \)	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEAT NO
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D INFERIMEN, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE 19b. CONDITION FOR WHICH O	CE OF DEBILITATA CE OF MENINGENCE SACE ATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED YEAR 19 211. HOW INJURY OCCUR 19	PHALO PATHY MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO.} \)	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEAT NO
	Conditions, if ony, which gove rise to immediate couse [0], stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. LIFE EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE 19b. CONDITION FOR WHICH O 19b. CONDITION FOR WHICH O 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	ICE OF DEBILITATA ICE OF MENINGSAL - ENCE ATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED YEAR 19 211. HOW INJURY OCCUP YEAR 19 211. LOCATION STREET	PHALO PATHY NINAL DISEASE OR CON 200 AUTOPSY? YES NO RED (ENTER NATUR OF INJURE)	20b. IF YES, WERE IN CERTIFYING C YES RY IN (TEM 18 PART 1 OR F	FINDINGS USED AUSES OF DEAT NO [PART 2]
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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.		7	V	O	

		REGISTRAR				CENTII	ICATE OF L	EATH	REG. N	0.	, ,	0	
		CEASED NAME	FIRST		MIDDLE		AST	17.404	20 DATE OF DEATH	MON1H D	DAY YEAR	26 HOL	JR
_	-		narle	RUDOI	.РН	Oue				2 4	4 86	9:	24PM
	3 (SE)			4 RACE		5 DATE C	FBIRTH		6. AGE (IN YEARS LAST BIR	_	IF UNDER I YEAR	IF UNDER	
	1	м			В	MONTE	5 DAY	14	71	YRS	MONTHS DAYS	HOURS	MIN.
12		THPLACE STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER A		9 BALTIMORE CITY		OF DEATH		
2		ARYLAND		U.S	. A.	WIDOWE		VORCED	BALTIMORE	CITY			MD.
7		TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	Minute .		120 USUAL OCCUPAT		126 KIND C		
7	В	ALTIMORE	1		MEMORIAL		TAL		SOCIAL SEE				
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9	1	THOMAS		MIDDLE	OUEEN		the second second	ARY	MIDDLE		JOHNS		
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		PART I. DEATH W	VAS CAUSI	D BY.	RESP	INA	TORY	FA	ILURE		BETWEEN	ONSET AND	DEATH
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	CERTIFICAT								YES TO NOT	IN CERTIF	YING CAUSES	OF DEA	
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31	ME	NOT WE	HILE		EET FACTORY OFFICE F	ARM ETC)	STREET		CITY OR TO	WN	COUNTY		STATE
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9		abave, (1) (we) (22b. SIGNATURE	did) (did no	at view the bady	alter death		DEGREE			ore one need	22c DATE		
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1		77d. PHYSICIAN'S N	AAAF IVOE	20 00 00 00 00	meen		122e ADDRES	PHYSICIAN [DIRECTOR PHYSIC	IAN 9	1	0 1	- 0 0
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				EVELIUS,					RIAL HOSPIT	CAL			
		URIAL, CREMATION,	REMOVAL				EMETERY OR C		234 LOCATION		COUNTY		STATE
		URIAL		2-8-86		WES	TERN ST		CATONSV	TILE		ARYL	AND
1		MERAL DIRECTOR	D /11 -	NO 110	ADDRESS			FFE	FREC'D BY REGISTRAR	75b. REGISTE		URE	
	WI	1. C.MARCH	F/H I	NC. 1101	E.NORTH	AVEN	UE	and a	107 1986	100	1		

DHMH - 16 60M 7/84 (VRA 15, 4)

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR The Dippel Funeral Homes Inc 7110 Belair Rd

02/12/86

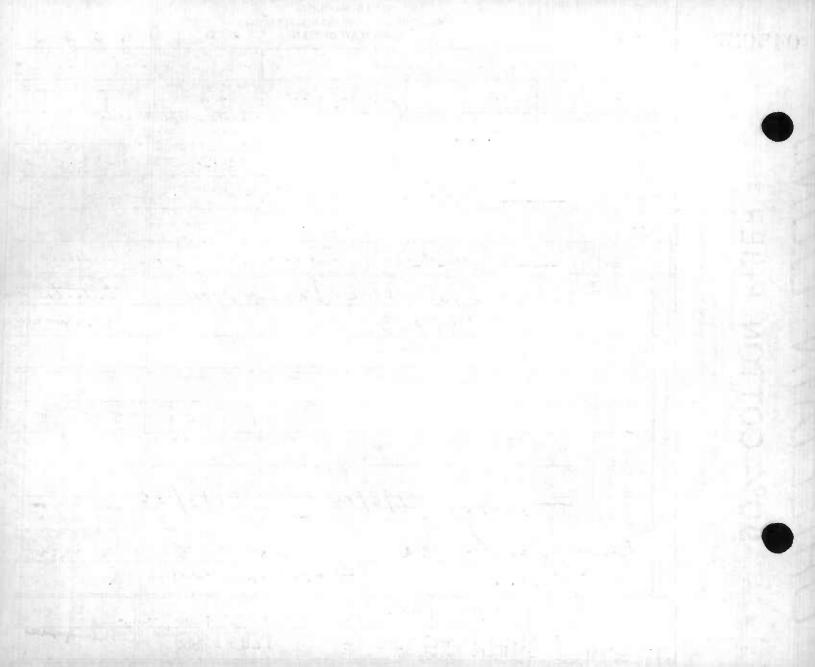
Burial

(SPECIFY)

Holy Rosary Cemetery Baltimore, Maryland 250 DATE REGISTRARIZE REGISTRARIS SUSPATUREMENT 1988

STATE

CITY OF TOWN



STATE OF MARYLAND 052261 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEMBER TAXA 20 DATE OF DEATH MONIH 2b. HOUR entuary Rose B. Radecke 4 RACE 5 DATE OF BIRTH ESEX & AGE (IN YEARS LAST BIRTHDAY) MONTH White Julu 19, 1905 Female YRS BIRTHELACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY Maryland U.S.A. IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! UNION MEMORIAL HOSPITAL INDUSTRY BALTIMORE Housewife JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? Md. Baltimore YESXX 5926 Falkirk Rd. 21239 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Edward I. Rataiczak Novak Margaret ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN HE YES GIVE WAR OR DATES 213-07-5589 no Thomas F. Radecke, Jr. same as 13e 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ondice PART I DEATH WAS CAUSED BY Cardio. Pulmonary IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF ntarction Probable my Ocal Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ispase Atheroso PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0551ble pheumonia 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 AT WORK AT WORK 22a. | certify that (1) (this haspital) attended the deceased from_ Feb 17 86 sow the deceased alive on FED ()
above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN ORTANT 22e ADDRESS ld b

23¢ NAME OF CEMETERY OR CREMATORY

St. Stanislaus

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc. 5305 Harford Rd. 21214

2-20-86

23b. DATE

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Buria 1

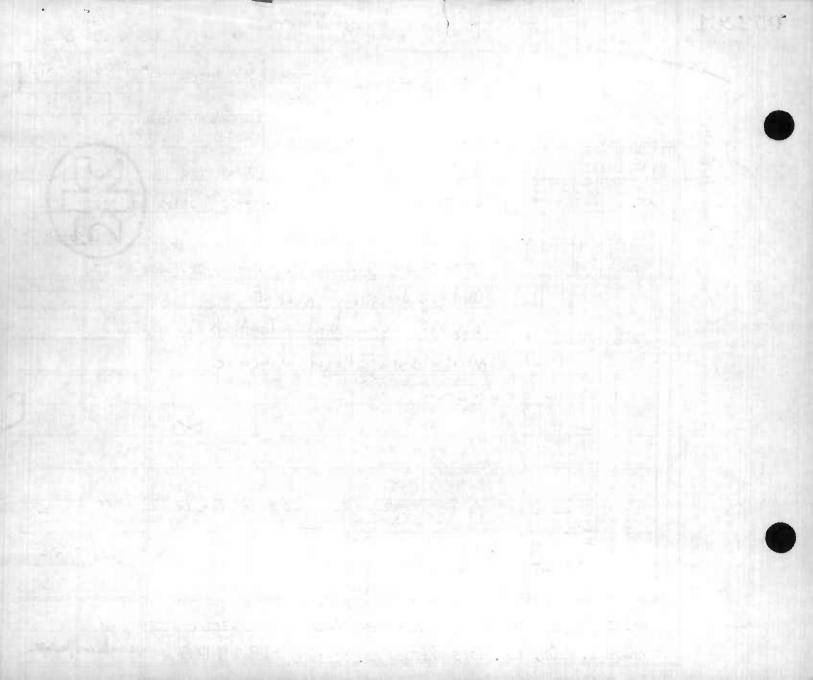
24 FUNERAL DIRECTOR

23d LOCATION

CITY OF TOWN

Baltimore Citu. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Marchinestor

STATE



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	6
	REG NO

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

MAR 4 1086 Suite Dundon Monday

04684

н		REGISTRAR				TORRES OF BERTIE	REG. N	0.		4
		CEASED NAME FIRST	۸	AIDDLE	ı	LAS1	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
1	(TIPE		NA MAE	RAF	EUCH	ILE	FEBRUARY2	8, 19	9.86	10:45A
	1	Female	White	5		of Birth ril 9; 1907	6 AGE TIN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	
	7q. 81	RTHPLACE IMATE OR FOREIGN	76 CITIZEN OF V		MARRIE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Baltim	R COUNTY		MD
7	Ва	TY OR TOWN OF DEATH	Chur	ch Hospit	RASS)	DR OTHER INSTITUTION	124 USUAL OCCUPATION OF THE PROPERTY OF THE PR	ON IF WORKING LIFE	126 KIND C	of BUSINESS OR
5	130.5		Ttimore	GIVE RESIDENCE BEFORE AD LSSEX	MISSION	13d INSIDE CITY LIMITS? YES NO.	722 Mans	ZIP CODE	Rd. 2	21221
7	7"	John Henr	y Clar	k		Is mother's maiden name Lucinda	MIDDLE .	Evans	LAS	121
2		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURIT		17 INFORMANT	1910 Juni			
		No -	2 01 011231	219 20 8	447	Peggy Walter	Edgewater	. Md.	21040	
	NC	Canditians, if any, which gave rise to immediate cause in stating the underlying cause last. PART 2 OTHER SIGNIFICANT ($ \begin{cases} $		ED CE OF PL	EURAL EFFUS		DITION GIVI	EN IN PART 1	10
2	CERTIFICATION	1% DATE OF OPERATION	196 CONDI	TION FOR WHICH OF	PERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDI	
6	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	NIN .	M. MONTH DAY YEAR			RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			
	MEDI	THE INJURY OCCUPRED		EET FACTORY OFFICE FARA		211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
		22a.1 certify that (1) (the hasp) saw the deceased alive af above (1) (we filled) (did no	EBRUAR	e deceased fram JA	NUA 6 °	DEGREE ATTENDING	MEDICAL STAI	ate and havi	and fram the	that Is (we) last causes stated
Н		224 PHYSICIAN'S NAME (TYPE C	R-PRINT)			144 4555566	DIRECTOR PHYSIC			28/06
		MOHEEST & AL	SEOLA D	M. 56A		CHUR	CH HOSPIT ROADWAY B			ID. 2123
	23n. B	ENAL CREMATION, REMOVAL	31/3/86	F611	WE OFFS	THE MOROFFALLRY G	a defision Ba	ltimo	re Co.	, Md.

Old Eastern Ave

DHMH - 16 60M 7/84 (VRA 15, 4) This loo enterified example internal for wife thinks Indept

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ORE, MARYLAND 21201	noind with 24 hors ofter doth. Page 4 may be	s completely alled of the triveral sinears, page 3. In 1 and 2 should be high annot 2 bound the death.

oth certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The

retoined by the hospital

injury, or other troumotic event, it

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove corban popm with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayor

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIM

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	6	0	4	b	8	5
9	REG. NO.					-

	REGISTRAR					REG. NO).		
	CEASED NAME FIRST		DDLE	L	AST		MONTH DA	AY YEAR	2b HOUR
TYPE	DOROTHEA	CARLI		RAFFERTY		2/10/86			8:04P M
1.5E	× /	4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
	FEMALE	WHITE		TANUARY 11, 1913		73	YRS	DATS DATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH			
	ARYLAND	USA		WIDOWE		Balti	Baltimore City		
O. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING		IG HOME C			USUAL OCCUPATION 12b. KIND OF BUSINESS OF 12b		
В	altimore	St. Agnes Hospital				Barmaid Shooks Loung			Lounge
3a. S	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION GI	IVE RESIDENCE BEFORE	ADMISSION)	136 INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	212	
M	laryland D	7 - 3 / 6	Baltimor		YES NO D	1031 Maide		ice Lar	ne Apt.
	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LASI	
	Charles	Moore		oon	Anna	MODE		Quar	
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SECU		17. INFORMANT	ADDRE	ss 212	229	4 . 0
4	YES, NO OR UNKNOWN) (IF YES, GIV		215-10-9	9548	Nancyann Whi	ite 1031 Mai			Apt. 2 Lane
TION	18 CAUSE OF DEATH Enter or	nly ane cause per li	ne for (a), (b), an	d (c)					MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0)	Cardior	oulmo	nory Arrest				
			AS A CONSEQUE		/				
	Conditions, if any, which	(, ,)	CLIE	INCL OF					
	gave rise to immediate	nmediate							
	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last								
		(c)	11						
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	190 DATE OF OPERATION	IAL CONDITI	Meum			1200 AUTOPSY?			105 11550
FICA	19a DATE OF OPERATION 19b CONDITION FOR WHICH OF			OPERATIO	N WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?			
MEDICAL CERTIFICATION						YES NO	YES		NO []
	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE.		INJURY . MONTH DA	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	et I OR PART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMINE	A		19					
	21d. INJURY OCCURRED	21e PLACE OF	F INJURY T FACTORY, OFFICE F	ARM FTC 1	211 LOCATION	CITY OR TO	WN	COUNTY	STATE
	AT WORK NOT WHILE				SI Agnes			-5-	
	220.1 certify that (1) (this hosp		deceased fram_	7	19 86			9.86	that (1) (we) last
	sow the deceased alive an obave, (1) (we) (did (did no	at I view the body at	ter depth.	6 . at	nd that in (my) (aur) apınıan e	death accurred on the do	te and haur	and from the	causes stated
	226. SIGNATURE				DE GREE		5 33 5	22c. DATE	SIGNED
	(Vac				M. D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2/10/86				10/86
	228. PHYSICIAN'S NAME (TYPE OR PRINT)				27e ADDRESS				
	ATAC				St. Agnes Hospital				
23a E	BURIAL, CREMATION, REMOVAL	23b DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY) Burial	2/14/8			aul's Cemetery	CITY OF TOWN		COUNTY	Md.
	Darta					VI VIUICIOV.			

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If hem 21 is

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 etery Violetsville Md.

25a DATE REC'D. BY REGISTRAR 276 BEGISTRAR 286 B

Wilkens Ave.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 041169 CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) 1 SEX 4 RACE AGE LINYEARS LANT BETHDAY VEAR BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY Baltimore City South Carolina U.S.A. DIVORCED T WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife. Baltimore Key MEdical Center SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) a. STATE 1136 COUNTS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore Dundalk 2326 Searles Road 21222 Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE FIRST LAST Gertrude Davis Richard Bunch ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT TYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 216-12-2650 No Gilbert G. Raith, Sr. Same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY MonA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which OcohAloke gave rise to immediate cause (a), stating the CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR ONDITION GIVEN IN PART FICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON 216. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM BILL WHILE NOT WHILE Trail certify that (1) This hospital) attended the decement to saw the deceased alive on (my) Jaur) apinian death occurred on the date and haur and from the couses stated abave (1) (we) (did) (did not mow the body after death 226 SIGNATURE IN DATE SIGNED MEDICAL IYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 230 BURIAL CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OF TOWN COUNTY 12/8/1986 Holly HIll White Marsh Maryland

250 DATE REC'D, BY REGISTRAR 250, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

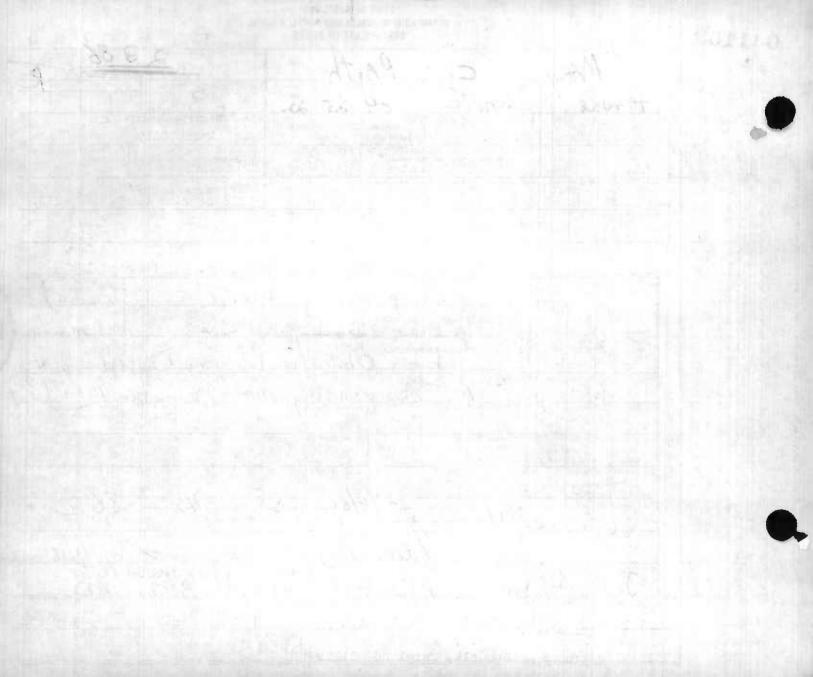
Burial

7922 Wise Avenue

Duda-Ruck, INC. , ACTRESS

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Maryland



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STATE OF MARYLAND

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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

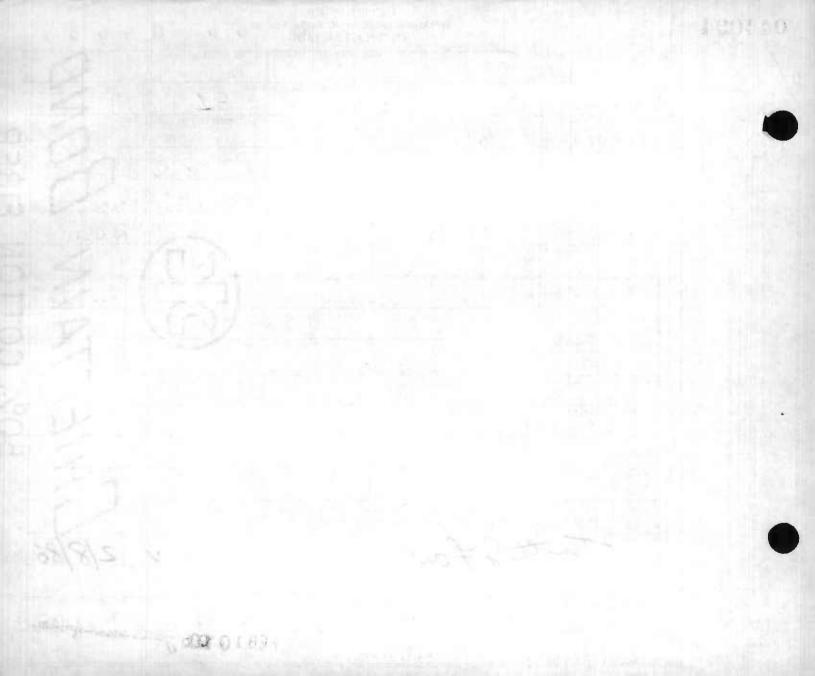
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(VRA 15, 4)

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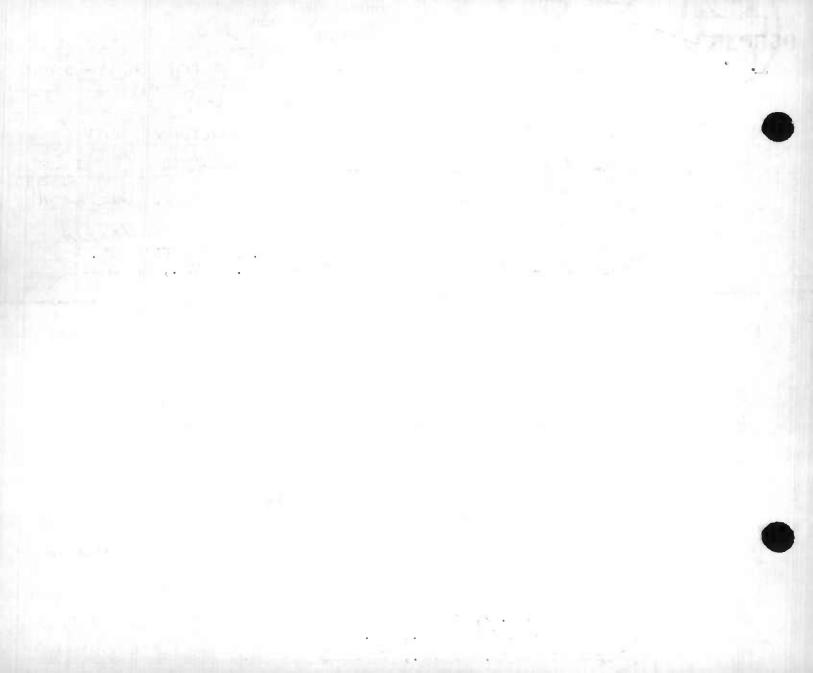


3000 E. Baltimore St. Balto. Md.

(VRA 15, 4)

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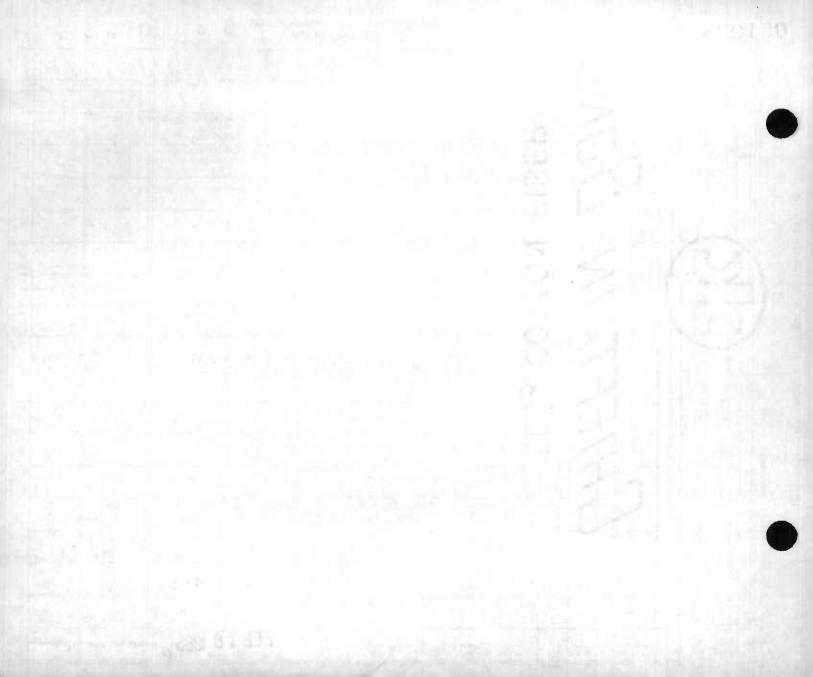
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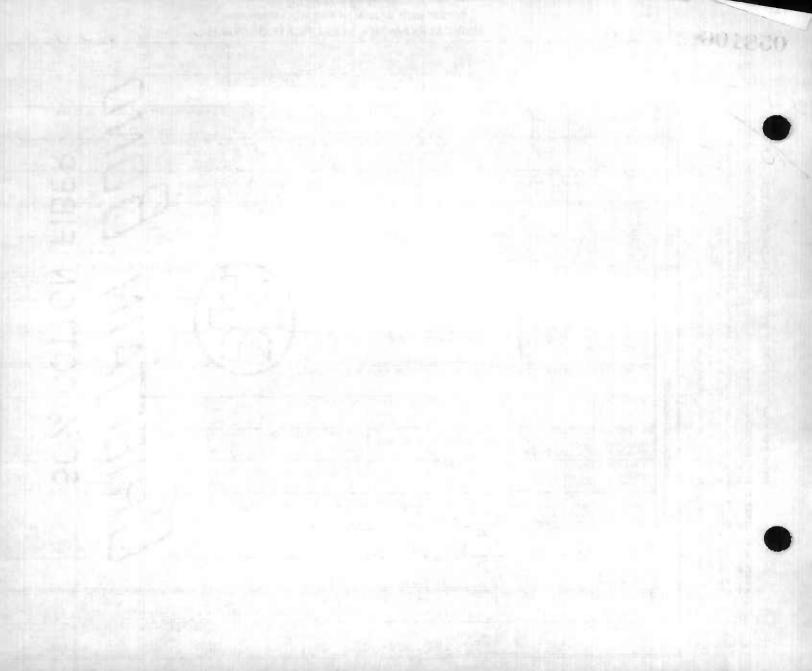
	1-	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	IENE 8 6 0	4 6 9 2		
1	PEC	OR PRINT) LAVIN	iA MIDDLE	RA	TLEY	20 DATE OF DEATH MONTH D	86 8:44 PM		
(1. SE)	F	4 RACE	5. DATE (FUNDER LYEAR IF UNDER 24 HRS		
N CK	10 CI	ENNESSE TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILIT	MARRIE WIDO WI AL, NURSING HOME (Y, GIVE STREET ADDRESS)	D NEVER MARRIED DED NORCED DOROTHER INSTITUTION	P. BALTIMORE CITY OR COUNTY OF THE COUNTY OF	TIMORE MD. 126. KIND OF BUSINESS OR INDUSTRY		
5	USUA	ALTIMORE AL RESIDENCE IN NURSING HOME OR ARYLAND	OTHER INSTITUTION GIVE RES	ERSITY IDENCE BEFORE ADMISSION) LTIMORE	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	21223		
1		THER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN NAM		LAST		
	16a V	VAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SC E WAR OR DATES)	IBSON OCIAL SECURITY NO. 7-32-0412	MANGIE 17 INFORMANT JAMES N.	ADDRESS GIBSON 18 CEDA	GIESON 21207 AR HEIGHTS C		
		18 CAUSE OF DEATH lEnter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse lat, starting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF							
1	CERTIFICATION	PART 2 OTHER SIGNIFICANT C	Quality.	UTING TO DEATH BUT			WERE FINDINGS USED ING CAUSES OF DEATH?		
7	MEDICAL CE	Toncourant Transfer of the Tra							
		276 1 certify that (1 (this hospit saw the deceased alive on above (1) (we) (did) (did nat 27b. Slight	Feb 13	eoth. 19 86 , a	DEGREE ATTENDING PHYSICIAN	medical Staff	ond from the couses stated 226. DATE SIGNED 2/13/86		
		ENNED	البر		120 ADDRESS UM CC	/umms			
	23a. B	BURIAL BURIAL	236. DATE 2-19-8		EMETERY OR CREMATORY	ANNE ARUNDE	MARYLAND		

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 WM. C. MARCH F/H INC. 1101 E. NORTH AVE. (VRA 15, 4)

1986 June Handon-Mandale



		FOR STATE				NT OF HEALT	H AND MENTA		in .			
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AND SEA			X /h	M	N. L	1. 11.	TITLE (SPECIFY)				
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AUSAS	23a.B	URIAL, CREMA	TION, REMOVAL	236 DATE	23c. NA/	ME OF CEMETERY	OR CREMATORY	23d. LO	CATION	COL	JNTY S	TATE
07/84 BP		BURI	AL	2-27-	86 Wes	t Liber	ty Cemet	ery M	arriot	sville	Howar	d MD
DHMH - 17	1	NERAL DIREC		AC CA	DRESS			000	REGISTRAR 256			
(VR A15 ME (5))	H	aight	Funera	1 Home	Sykesvi	lle, MD	FE	B25	1986 4 6	ra Davidso	n-Mandelle	



416 Everett Rd. Palmer Rayman P.O. Box 20333 Baltimore, MD 21284 APPROXIMATE INTERVAL ACUTE CHRONIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [7] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY 86_, that (1) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS DUNCAN SALMON, M.D. 660 KENILWORTH DRIVE 21204 234 NAME OF CEMETERY OF THE 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial Methodist Hereford Baltimore. 250 DATE REC'D. BY REGISTRARI 164 DEGISTDADE ALGALATION 24 FUNERAL DIRECTOR Second at Franklin St. J.J. HartensteinNew Freedom, PA (VRA 15, 4)

2b HOUR

12b. KIND OF BUSINESS OR

3:00P

IF UNDER 24 HRS

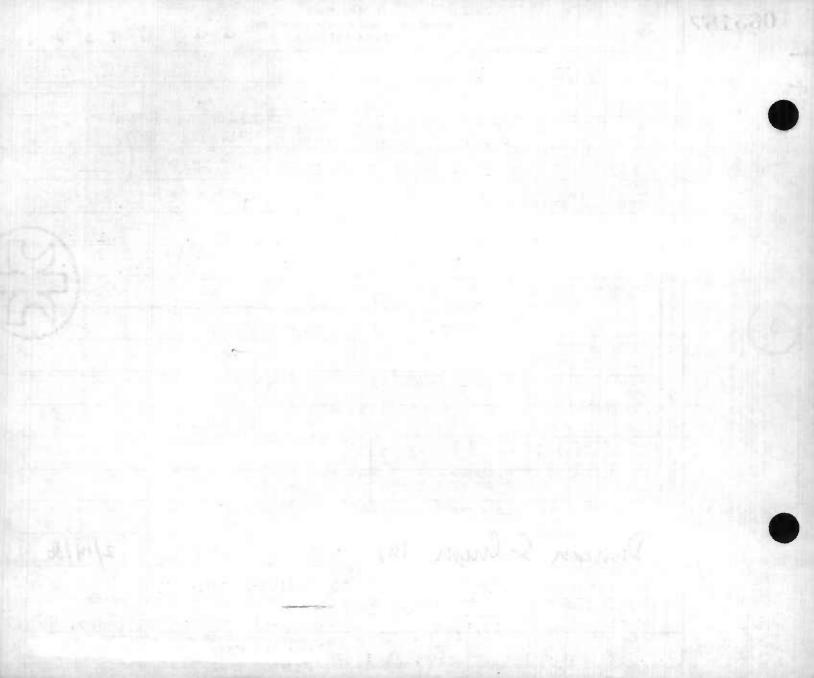
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INDUSTRY

IF UNDER I YEAR

DHMH - 16 60M 7/84



injury, or other troumatic event,

IMPORTANT: If Hem 21 is marked or Hem 18 stores any

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	STATE REGISTRAR			CERTIFIC	CATE OF DEATH	S G REG. N	0 0 4	6 9 5	
	CEASED NAME FIRST Nell		ene Ra	ynor	1	20 DATE OF DEATH	02 23 1986	26 HOUR 3:55p	
3. SE:		4 RACE Whi	3	DATE OF	BIRTH YEAR 14 08	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1	M	
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UsU	Baltimore AL RESIDENCE (IF NURSING HOME	St. AC	HEACILITY, GIVE STREET ADD THE HOSPI GIVE RESIDENCE BEFORE AD	tal missioni		General Ma	anager Cand		
	ATHER'S NAME	e Arunde		nie	YES NO KO		zip code erly Avenue	21061	
	Unavailable VAS DECEASED EVER IN U.S. A	ARMED FORCES?	Disney	YNO.	Hester 17 INFORMANT	MIDDLE	Unavai	lable	
25000	No	GIVE WAR OR DATES)	212-30-46		Patricia J.	Voqelpohl,	1224 Kimbe	erly Avenue	
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF								
CERTIFICATION	PART 2 OTHER SIGNIFICANT SEVERE 190 DATE OF OPERATION	PENIPUZ,		sculo	a Differe		206. IF YES, WERE FI	NDINGS USED	
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MEDI	21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE	OF INJURY EET FACTORY OFFICE, FARM		211 LOCATION STREET	CITY OR TO	OUNT COUNT	Y STATE	
	22a: I certify that (I) (this has saw the deceased alive a abave, (I) (wel (did) (did a 22b SIGNATURE	2/	23 19 8		23 , 19 86 I that in (my) (our) opiniar EGREE	. 10		that (It (we) last the couses stated DATE SIGNED	
	Steven 1. Gran'S NAME (TYPE	Ner E OR PRINT)			22e ADDRESS		CIAN 🔯	23/86	
24 FL	BURIAL, CREMATION, REMOVA BURIAL DINERAL DIRECTOR NAME Ubbard Funeral	2/26/	86 Gle	n Hav	7777	23d LOCATION CITY OR TOWN	nie A.A.	CO. Md.	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTII	ICATE OF DEATH	REG. NO	D	. 0	, 0
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3. SE		RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	70 m 10	HITE	MONTH	23 - 1950	28	MON	HS DAYS	HOURS MIN.
70 B	IRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY?	8	23-1700	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
F	ARRISBURG PA	1 C 1.		D NEVER MARRIED		ORE CIT		
10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		DIVORCED				MD. BUSINESS OR
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2	UNKNOWN	HENDLER		ANNA	MIDDLE		UNKNOW	VN
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CERTIFICATION	HYPURTED SIBA							1.10
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1 1					YES NO	YES [_	NO 🗆
, W	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AV VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	Y IN ITEM 18 PART I	OR PART 2)	2 2 2 2
¥	OR CONTRIBUTING CAUSE OF DEA		19	I WE VANDO				
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10	sow the deceased alive on above (1) (we) Idid) (did no			d that in (my) (our) opinion d				
	22b. SIGNATURE	view the body ofter death		DEGREE			22c DATE SI	
	M	1	^	A ATTENDING	MEDICAL STAF	F		
-	22d. PHYSICIAN'S NAME	alapro	1	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	IAN EX	2-13	-84
1	A TOTAL TOTA				0 6 1 11 1 1 1 1 1		BAUT	more
1	47.60	uo			BELVESERS		WD	21215
230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		AR SIN	EMETERY OR CREMATORY	BALTIMOI	E co	DUN	MD
24 F	UNERAL DIRECTOR SOL I	LEVINSON & BROS.	, INC.	250. DATE	REC'D. BY REGISTRAR	256. BEGISTRAN	SEIGNATU	Handall.
	6010 REISTERSTON	VN RD. BALTO.	, MD	21215	R 1 0 1986	71. W. B.	An Labrana .	

DHMH - 16 60M 7/84 (VRA 15, 4)

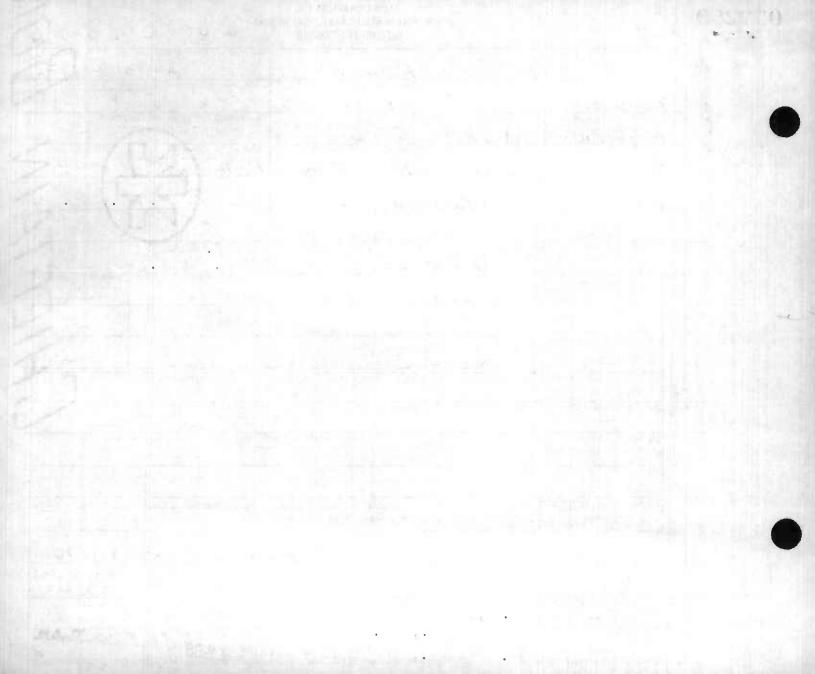
BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TENDING PHYSICIAN: The

IMPORTANT. If them 21 is marked or them 18 shows any

the funeral director page 3



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品	TON	EIGN COUNTRY)		u	.S.		WIDOW		/ER MARRIED [timore	City		145
22003 +	IO. CIT	Y OR TOWN C	F DEATH	11. NAME OF	HOSPITAL, N	URSING HOM					UPATION (TY		126 KIND OF B	BUSINESS
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TIMON FORM FORM ION OF			EVER IN U.S. AR	MED FORCES?	166 St	OCIAL SECURIT	-	17. INFORM			ADDRES:		0.00	,
AFTER AFTER A FORM	(YES	S, NO, OR UNKNOW	(IF YES, GIVE	WAR OR DATES)				Ch	art					
A 25 25		II CAUSE OF	DEATH (Enter on	ly one cause pe	r line for (a),	(b), and (c).)							APPROXIMA	ATE INTERVAL
ON ST WENCE WALKE	-3	PARTIDEA	ATH WAS CAUSE	D BY: TE CAUSE (o)		hot Wou	nd of	Ches	t (u	nspeci	fied)		BETWEEN ONS	SET AND DEATH
5 2 m O m S S			MMEDIA			ONSEQUENCE	_							
EN SECTION			s, if ony, which											
W NAME OF THE PARTY OF THE PART			to immediate	DUE TO	OR AS A CO	ONSEQUENCE	OF							
N NEW YORK		lying cous			,		0.							
AND AND AND		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT R	FLATED TO THE TER	AINAL OISEASI	OR CONDITION	GIVEN IN PART 1 :-					
RECORDS D BE EXEMPTOUNCE MEDICAL D AS A BU EALTH AN								. ou conomitor	TOTAL IN THE TANK I TO					
	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. CC	NDITION FO	R WHICH OPE	RATION W	'AS PERFOR/	MED?				20 AUTOPS	Y?
WITAL SHOULD SHO	FE												YES XX	K NO 🗆
CATE SHO CATE SHO THE CHI WILD BE US FT O BURN		21a. EXTERNAL		21b. T1A	AE OF INJURY		21c HC	OW INJURY	OCCURRED (EN	ITER NATURE OF	NJURY IN ITEM 18	3 PART 1 OR PAR		1.00
S CERTIFICATE RETING THE WEBS TO THE RES S S S CERTIFICATE RETING THE WES S S S S S S S S S S S S S S S S S	¥	UNDERLYING	G CAUSE OF			-23 19 8		hiect	was sh	o+				
SE STATE	8	214 INTURY OF	CCLIPPED	21e PL	ACE OF INJUI	Y (AT HOME,	2 If. LO	CATION						
DIV HIS CE WRITH NARDE AATE DI 11201 1	W	WHILE AT WORK	NOT WHILE C	par	king l	ot	19	000 N.	Forest	Pk. A	ve.,Ba	ltimo	re, Mar	cyland
ATE.		22a I certify	that trook charg	ge of the remain	s described a	bave, held an	Autop	sy XX.	Inspection	, Inquir	y []. o	ind in my opi	inion	
NA STATES		death resulted	d from Notu	ral causes	Arcider	ı 🔲, şı	uicide		ide XX Un	determined n	nonner .			
ARIO MARIA		/	1//2	. 11	FA.	In 1	201	TITLE (SE	PECIFY)					
MEDICAL ES CCUTE SHOUL CCUTE SHOUL FUNERAL D TIMORE, M	1	SIGNATURE_	Kell	1110 7	Juli	11/11/11	1.UM	D Assi	stant_A	MEDICAL EXA	MINER	DATE	D 2-24	4-86
METAL A SHORAL MORE, WORE,		EXAMINER'S N	JAMF -		//	1			111 5	0.1	. 1.		010/	2.7
TO FUN PAGE A		TYPE OR PRIN	T) Den	nis F.				10011200_	111 Pen			., Ma	. 2120)]
	730 BU	E IFY)	ION, REMOVAL I	2-28	3-9/ 230	NAME OF CE		R CREMATO	DRY 236	LIGCATION	MOR	COUN'	IY M	SPAIE
07/84 BP	24 FU	NERAL DIRECT	OR	7 00	4	CCA	10 //		25a. DATE REC'D	BY REGISTR			GNATURE	•
DHMH - 17 (VR A15 ME (5))		NAME	hell.	AD AD	PRESS	V.M	mi	10						(bris
(AK VIO WE (D))		-, /	rucy	us '	10411	0.1011	MIN	41	1 2 0 4	0 1981	Juna	, wantage	n-Hande	Dia .

park to

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

()	4	6	9	8

		REGISTRAR		CERTIFI	CAIL OI DEATH	REG. N	10.			
		EASED NAME FIRST	MIDDLE	(1)	NST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	(IANE	OR PRINT) Many	A	Redona	ves.	February	, 8, 19	86	10 A.	M
	3 SEX		4 RACE	S. OATE O		6 AGE (IN YEARS LAST BE	MONTHS		IF UNDER 24 HRS	_
		Female	Cancas	ran 5 -	10- 1896	89	YRS	DATS	HOURS MIN	i.
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? B MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH		
X	N	O Rockhall	USA	WIDOWE		/ V) MT	re Cita	1	٨	AD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME O	POTHER INSTITUTION	126 USUAL OCCUPAT		KIND OF	BUSINESSO	R
		altimore	DEATON N	redical (enter	Saleslad		lent	store	
Į.		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESID		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	9		
D		my to	timonet-B	altimore	YES NO		arles, B	alt.	2123	0
á	14 FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN N	NAME	000	5	9011	
Ž,		William.		arks	Mary	Amand	a Foller	0 3	#S_	_
			VE WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	1 1.	1800 Pa	topso	ost.	
ı		NO	218	-09-9796A	Mrs cm	nhy Moon	Bal	1/32	10 21.	3
	-	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	by ane cause per line for	.1	Mariet	0	-	BETWEEN	NATE INTERVAL NSET AND DEATH	4
		IMMEDIA	TE CAUSE (o)	urmema	grows.					_
		S. Service of	DUE TO, OR AS A C	. / .	U					
	-	Conditions, if any, which gove rise to immediate	(b)	incution.						_
		cause (a), stating the underlying cause last.	DUE TO, OR AS A C	ONSEQUENCE OF						
	- 10	DARE OF OTHER CICALIES	(10)	TING TO DE ATURE	LOT BELLIED TO THE TE	RMINAL DISEASE OR COM	IDITION CHIEN IN	0.407.1		=
	2	PART 2 OTHER SIGNIFICANT	Nest The le	MH2111	1	istule desta	4 - 1.	n		
7	ATIC	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION		200 AUTOPSY?	20b IF YES, WER			
1	CERTIFICATION					YES TO NOT	IN CERTIFYING YES	CAUSES	OF DEATH?	
	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INS	URY IN ITEM 18 PART 1 O	RPART 2)		_
1	AL	OR CONTRIBUTING CAUSE OF DE	AIN .	ONTH DAY YEAR						
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJU	RY	211 LOCATION	CITY OR T	Curti.	OUNTY	STATE	_
H	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTO	DRY_OFFICE_FARM, ETC.)	STREET	CITTORT	5444	-	STATE	
		220 1 certify that (I) (this hasp			1/8 19 8	9 10 2/	8 19	86 11	hat (I) (we) la	ist
		saw the deceased alive or above, (h) (we) (did) (did no	at) view the body after de	19_86 an	d that in (my) (aur) apinic	on death accurred on the o	date and hour and	from the co	auses stated	
		226. SIGNATURE - 1	d. Mal		DEGREE			20 DATES	IGNED	
		Shal ree	any 15		ATTENDING PHYSICIAN			2/	8/86	
	1	22d. PHYSICIAN'S NAME TIPE	^	\	22e ADDRESS	NI O es	Bult	in 1		
		GAIL REE	DMAN MI	0	611 8.	Chills 37	man 1	11.		
		URIAL, CREMATION, REMOVAL		200 3	EMETERY OR CREMATOR	Y 23d. LOCATION	cou	NIY	STATE	
		SPECIFY) Burial	2/11/86	Headowr	idge Mem. I	k. Ekridge	Howard	Co.		

should be detached for use as the burial-transit perm with the State Dept-of Health and Mental Hygiene pr TO FUNERAL DIRECTOR. IMPORTANT: If He

morked or Hem 18 shows ony

DHMH - 16 60M 7/84 (VRA 15, 4)

McCully Funeral Home, 130 E. Fort Ave.

Enridge, Howard Meadowridge Mem.Pk.

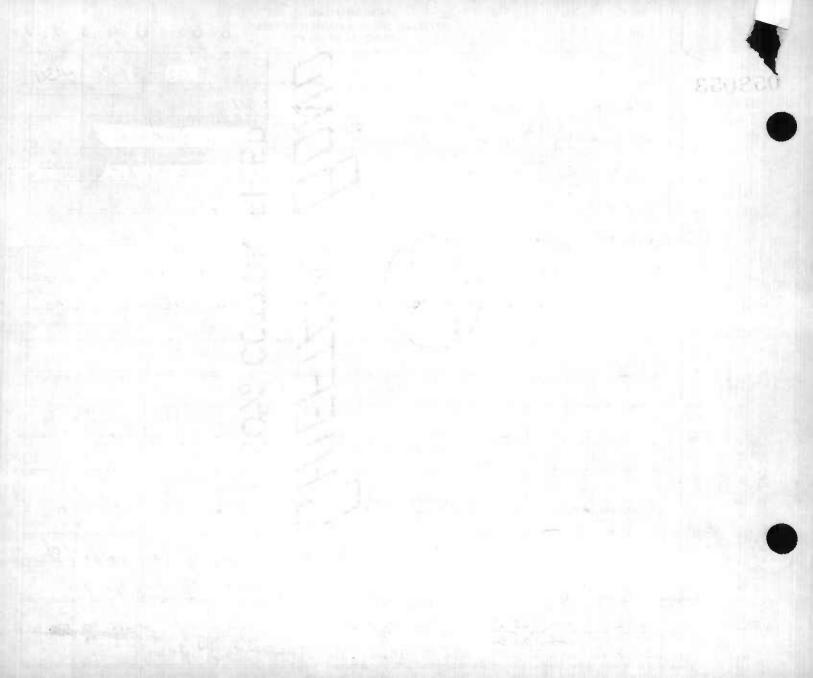
250. DATE REC'D. BY REGISTRAR 256. REGISTRANG MENTATE A

STATE OF MARYLAND

3	6	0	4	6
	DEC NO			

	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE 8 6	0 4	6 9 9			
η	I DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR			
Ì	GEORGE	OLIV	ER REÍ	NAMO	FEB	FEB21-86 430Pm				
ı	3. SEX	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR					
	MALE	WHITE	DEC	. 345. 4	74	YRS	S MOURS MIN.			
	OBIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	MARRIE	NEVER MARRIED		ORE CITY				
5	D CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME C		12a USUAL OCCUPAT		MD. OF BUSINESS OR			
1	BALIMORE		ltimore	Hosp.	NIGHT WATO					
2	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 131 COU ARYLAND A.	NTY 130 CITY	OR TOWN BURNIE	138. INSIDE CITY LIMITS?	13e STREET ADDRESS 1512 CHARI		1061			
2.	FATHER'S NAME	AIDDIE	LAST	IS. MOTHER'S MAIDEN N	AME		1 457			
ď	GEONGE I	//	EDMAN	LILLY	Moote	HAYNĘ	S			
9	160 WAS DECEASED EVER IN U.S. AL	MED FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMANT (W	IFE) ADDR	ESS				
4	NO N/A	126	0-032918	MRS. LORETT	A B. REDMAN	SAME AS #1	13			
1	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION		TING TO DEATH BUT		RMINAL DISEASE OR CON	IDITION GIVEN IN PART				
7	19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	THE CONDITION TO	tion for which Operation was performed		YES NO	IN CERTIFYING CAUS				
,	OR CONTRIBUTING TALLE OF DE	HOUR A.M. MOI		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART	2)			
	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR	Y RY, OFFICE FARM ETC }	211 LOCATION STREET	CITY OR TO	NAC COUNTA	STATE			
	22a I certify that (this hosp saw the deceased alive of above. (Alive) (4th) (4th)	ital) attended the deceose	1986 , or	, 19 de de la composición del composición de la	. to n death occurred on the d					
	THE HELD STANK WITH	1	-	ATTENDING PHYSICIAN	MEDICAL STA	# 1.	21/86			
	AMAGI	ULE		South 5	altimore of	enral Ho	P.			
	BURIAL SURIAL	FEB. 25, 198		EMETERY OR CREMATORY N CEMETERY	WOODLAWN	BALT.	on Alex			
	24 FUNERAL DIRECTOR	Daratte	ADDOLGG		ALE RES DEBY TO SHE RAF		AVURE			
	SINGLETON FUNER	RAL HOME GLEN	BURNIE,	MD.21061	D 20 1300 (

DHMH - 16 60M 7/B4 (VRA 15, 4)



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	in		
•	0		
	REG.	NO.	

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	141	UU
	CEASED NAME FIRST	,	AIDDLE	1	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	HELEN	Ly	kins	I	REED	FEBRUARY	25,	1986	8:15 ^A
3. SE		4 RACE	L Pas	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY}	MONTHS DAYS	IF UNDER 24 HRS
	`emale	Whit	te ,	Janu	ary 1,- 13	73	YRS.		Milt.
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
	est Virginia	USA		WIDOWE	DIVORCED	BALTIMO	_	ITY	MD
E	BALTIMORE	(IF NOT IN SUC JOH)	NS HOPE	KINS	HOSPITAL	120 USUAL OCCUPATION OF COMMON TO THE OF WORK FOR MOST COMMON TO THE PROPERTY OF THE PROPERTY		SOC1	al rity
13a. M	AL RESIDENCE HE NURSHWATOME OF STATE 136 COUNTY Bal	timore	GIVE RESIDENCE BEFOR 13t. CITY OR TOV Cockey		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2-B Ginge	ZIP CODE	Court	21030
13. E	ATHER'S NAME	ANIDDI F	TAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		145	
L	Alfred	-	Lykins	3	Effie			Cart	e
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GN NO -	MED FORCES? VE WAR OR DATES)	233-62-		Mr. Roger K	K. Reed 21	30 Pa	addock	Lane
	18 CAUSE OF DEATH (Enter or	nly ane cause per	line far (a), (b), ar	nd (c++	1	Finksbur 210		BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	1 Exur		Tronust	10.	40	0745	-0815
	Canditions, if ony, which gave rise to immediate					Ase.	- 4-	5-10	415
	cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c)								
Z	PART Z. OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	DNIKIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART TO	5
CERTIFICATION	190 DATA OF OPERATION		TION FOR WHICH	PERATIO	M) I SCASE	200 AUTOPSY?	S, WERE FINDIN	, WERE FINDINGS USED YING CAUSES OF DEATH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH D		21c. HOW INJURY OCCUR				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE		FARM, ET()	211 LOCATION STREET	. CITY OR TO)WN	COUNTY	STATE
-		1		7		2/26		397	
	220.1 certify that (I) (this haspi	atal) attended the	tleceased fram_ 19_ after death.	86 . 01	nd that in (my) (our) opinion o	death occurred on the d	ate and hou		that (1) (we) last causes stated
'	DEGREE ATTENDING MEDICAL STAFF THYSICIAN DIRECTOR PHYSICIAN								SIGNED
	PHYSICIAN'S NAME (TYPE O		eres.		DIMS	Hopkins	19021	PIOAL	
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE			Cemetery or CREMATORY	23d LOCATION CITY TOWN Clay	(Clay V	W. Vare.
24 F	Bryan W. Cla	ry 107	W. Pado		25e DATI	EB 2 8 1986	256 REGIST	RAPS SIGNAT	Handere.

DHMH - 16 60M 7/84 (VRA 15, 4)

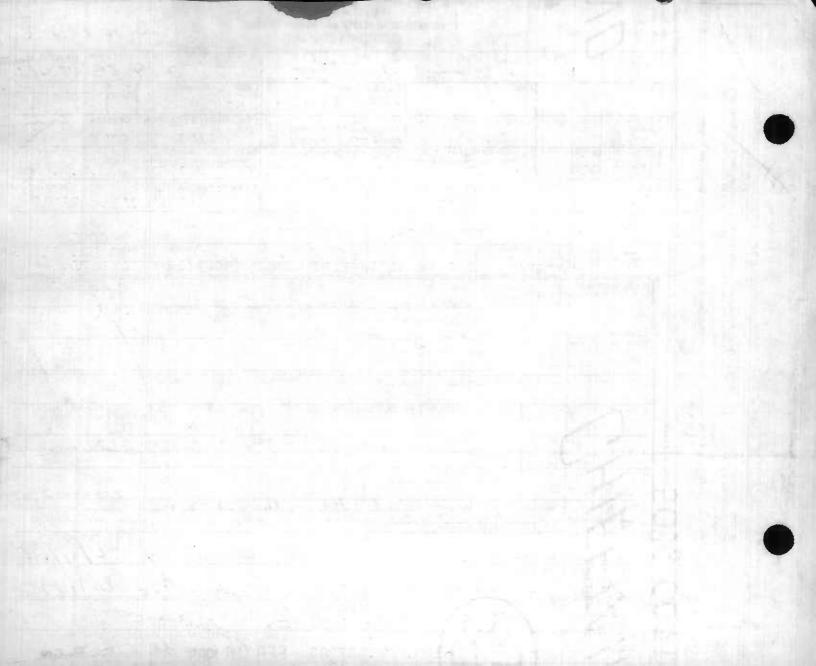
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Soft Clair 10 W. Faconia idl. 21-23 Land

34.469	1	FOR	DEDAR	STATE OF MA TMENT OF HEALTH AND MENTAL H	YGIENE 8 6	0 4 4 5 1		
OATTO.	1-	STATE REGISTRAR	VET ART	CERTIFICATE OF DEATH	REG. NO.			
		EASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 25. HOUR		
3 25	LIAME	OR PRINT)	CENT JOSEPH	REED JR.	8	7 4 86 7:45 %		
0 00	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI			
ge 4 methor ars oth		MALE	WHITE	MARCH 19 1931		YRS.		
1 11 45 6		RTHPLACE (STATE OR FOREIGN		? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH		
170		MD.	U.S.A.	WIDOWEN DIVORCED	BALTI	MORE CITY MD.		
: X 11 B/	1	SALTIMORE	FRANCIS SCO	TT KEY MED. CEN	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF COMPTROL)	WORKING LIFE) INDUSTRY		
TO THE PERSON NAMED IN COLUMN TO THE	113a 5		ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO OUNTY 13t. CITY OR TO BALTIM	WN 13d INSIDE CITY LIMITS?	130. STREET ADDRESS 3612 BONV	IEW AVE. 21213		
1 12	14. F.A	THER'S NAME	MIDDLE 1AST	15. MOTHER'S MAIDEN		LAST		
M I de la	1	VINCENT	J. REED,	SR. MARGARE	T	GORSCH		
MORE, ond Page		YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? 16b. SOCIAL SEC (S. GIVE WAR OR DATES) 220-24		ED (SON) 41:	JOPPA MD. 21085 GILMOR RD.		
ALT			01(21(1)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
T. B		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), C3 5 p 1 C-fc., C C-cl CTC 5 J						
PRESTON ST he death cert he athending embre carbo matten, or re y froumofic e		DUE TO, OR AS A CONSEQUENCE OF						
ESTC front front front front front		Conditions, if any, which (b) Lance						
A de la constante de la consta		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	UENCE OF				
of the state of th	FICATION		(c)					
ben pure pure pure pure pure pure pure pure		PART 2 OTHER SIGNIFICA	INT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR COND	ITION GIVEN IN PART 110		
DIVISION OF VITAL RECORDS, 20 NICE PRYSSCIANI. The low requires is other than certificate has been signed on the burstlerand permit. Then ple th and Mental Hygnere prior to burst orked or them 18 shows day injury, as		190 DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
Z Adding	1	210. ACCIDENT WAS UNDERLYING	G 21b. TIME OF INJURY	21, HOW IN HIRV OCC	VES NO W	YES NO		
SCIAN SPECIAL SPECIAL SECIAL SPECIAL S	CALO	OR CONTRIBUTING CAUSE O	DE DEATH HOUR A.M. MONTH (DAY YEAR	CHALD (EMIER MATORE OF 1910A	IN HEM 18 CART MR CART 27		
05 4 4 4 9 9	1 1	21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION STREET	CITY OR TOW	VN COUNTY STATE		
No the state of th	13	AT WORK NOT WHILE AT WORK				7:200-7:45-0		
THENDS OF USE A COLUMN TO SELECT OF USE A CO	3		haspital) attended the deceased from the an	11	an death accurred an the da	te and have and from the causes stated		
A ME	1.5	22b. SIGNATURE	id nat) view the body after death.	DEGREE		22c. DATE SIGNED		
A MA		land	Dol	ATTENDING PHYSICIAN	MEDICAL STAF	IAN DE 2/4/86		
FUNERAL PARTANT	1	22d. PHYSICIAN'S NAME (T	\sim \sim	22e. ADDRESS	77.	1- R 11 . 1-		
0 to		1110.	a Nobor	7540	10-1301-1	TVE DITT MD		
BP	730. 8	BURIAL, CREMATION, REMO SPECIFY) BURIAL	10/2/06 15	t. Andrews Russian rthodox Church Cem	23d LOCATION CITY OF TOWN Baltir	more Md.		
DHMH - 16 50M 4/82	24. FI	JHERS CHIMUNE K	K FUNERAL HOME,	INC . 250. D	ATE REC'D. BY REGISTRAR	25h. REGISTRAR'S SIGNATURE		
(VRA 15. 4)		3331 Breh	oms Lane. Balto	. Md. 21213 F	FR 06 1006	Folia Davidon Barlo		

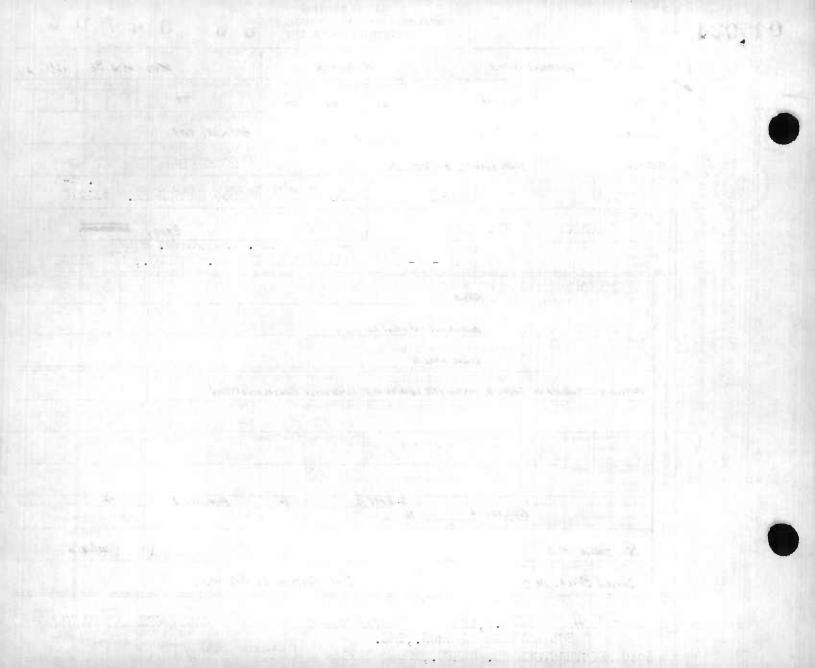


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050000	1 - STATE	DEP	ARTMENT OF HEALTH AND MENTAL	HYGIENE Q	0.4200
00 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	04/02
	I. DECEASED NAME HA Z	LENE 2 MIDDLE	tAST.	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
be 3 e of h		LINE of Hazele	ne. REEVES	FEBRUARY 18	1986 5:54 AM
moy moy	3. SEX	4 RAÇE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER) YEAR IF UNDER 24 HRS
ves of	FEMALE	NE GROI!	3-19-10	110	
P. P	70. BIRTHPLACE (STATE OR FOREIG		MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	NTY OF DEATH
deot deot	South Lardin		WIDOWED DIVORCED	☐ BALTIMORE CI	
of the first	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) NS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 12b KIND OF BUSINESS OR
be for	USUAL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		21205
	13a STATE	COUNTY 13 SITY OR	TOWN 138 INSIDE CITY LIMITS		erson St.
A 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14 FATHER'S NAME		IS. MOTHER'S MAIDEN	INAME	
	FIRST	MIDDLE LAS		70W7 -	LAST
	160 WAS DECEASED EVER IN U.	S. ARMED FORCES? 16h SOCIAL	SECURITY NO. 17 INFORMANT,	ADDRESS	- 00
die	(YES, NO OR UNKNOWN) (IF	ES GIVE WAR OR DATES)	32-1673 Willia	m Reeves 192	6 Jefferson &
M > 0	10 CAUSE OF BEATH IS			770000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a Light and a second		ter only one couse per line for rol, (I AUSED BY	iovascular arnex	4	BETWEEN ONSET AND DEATH
	IMM			1.4.	7 71007
oth oth		DUE TO, OR AS A CONS		Louis a new ada	ma 3 days
RES Proportion	Conditions, if any, whi gove rise to immedia	th (b) ///you	andial sinfanctio	r pulmonary ede	ma Jacob
W. P	couse (a), stating t	DOC TO, OK AS A CONS			years
s the	DARK O OTHER CICALIFIC		any artery disease		
			O LOGAL MODER CALL	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110.
Or ree	190 DATE OF OPERATION	acidosis / rena	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
PHYSICIAN: The law requirending physician. This certificate has been signed be burial-transit permit. Their and Mental Hygiene prior to be dor frem 18 shows any injurt.	metabolic 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYII	170 CONDITION TON	THE TOTAL STATE OF THE STATE OF	INCE	RTIFYING CAUSES OF DEATH?
VITAL N: The Nysicion coste h consit p Hygiei 18 shov	210 ACCIDENT WAS UNDERLYI	NG 216, TIME OF INJURY	71, HOW IN HIP OC	CURRED (ENTER NATURE OF INJURY IN ITEM	YES NO
Phys phys phys of Hy of Hy n 18	00.0001700010010		H DAY YEAR	CONKED LENIER MATORS OF INJURY IN HEW	18 PART ORPART 2)
SICIA certifi urrol-tr Aentol	OR CONTRIBUTING CAUSE LIFEITHER NOTIFY MEDICAL EX 21d INJURY OCCURRED		19 211 LOCATION		
O PHY offending the burner this the burner t	WHILE NOT WHILE [218 PLACE OF INJURY		CITY OR TOWN	COUNTY STATE
After Olf h		hospital) attended the deceased f	rom 2/15 10 8	36 to 2/18	. 19 86 , that (I) (we) lost
TEN TOR Or or or Its	sow the deceased ali	ve on 2/13		nion death accurred on the date and	
RECI RECI Ppt. o	22b SIGNATURE	did not) view the body ofter death.	DEGREE		22c. DATE SIGNED
toched to DIRE		Da 10	ATTENDIN		2/12
by the by the ERAL codets	224 PHYSICIAN'S NAME	TYPE OR PRINT)	PHYSICIA 22e ADDRESS	N DIRECTOR PHYSICIAN	118
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DHMH - 16 60M 7/84	24 EUNERAL DIRECTOR	- C 114	F Parl CLF	B 1 9 1986	a Davidson Rando 80.
(VRA 15, 4)	Call 1010	C1 4995 141.	Y E . LIB 46U 7 1	- Sison June	wander-Handell



6010 REISTERSTOWN RD. BALTO, MD

(VRA 15, 4)

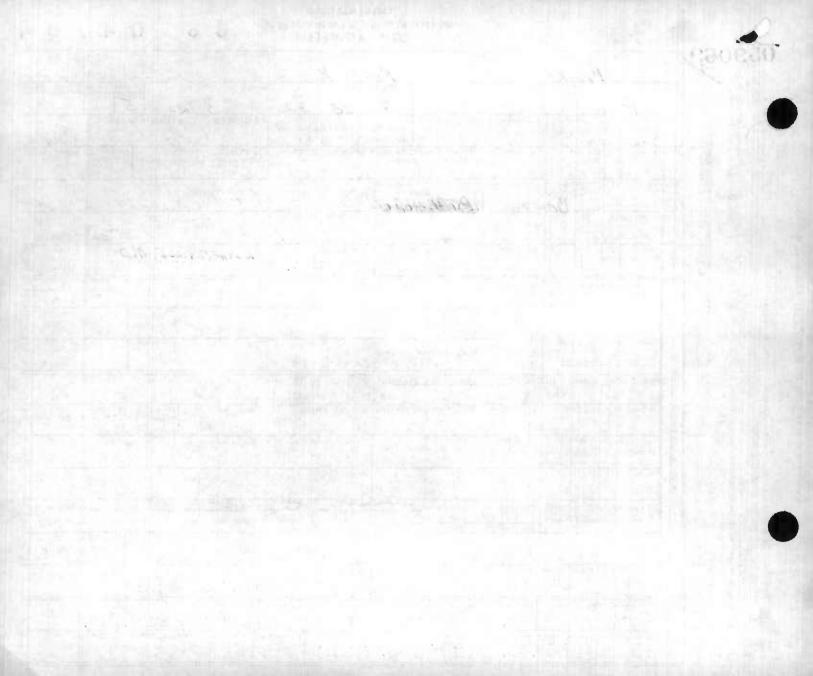


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO.	04/04
059069		CEASED NAME FIRST	MIDDLE	U	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
boge deot		Brooke		Re	SNICK	2/	22/86 6PM
of p	3. SE	· /	RACE	S. DATE O	DAY YEAR	& AGE (IN YEARS LAST BIRTHDAY)	ME UNDER LYEAR IF UNDER 24 HRS
oge ours o	14/5	EMALE RIHPLACE (STATE OR FOREIGN 17	CAUCASIAN	8	26 82	3 1R5 YR	
rol of 72 ho		COUNTRY	LOS CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY OR COUL	NIT OF DEATH
deo fune	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWE		12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
offer the	-	P 2//	(IF NOT IN SUCH FACILITY, GIVE STREET) + 4.	(TYPE OF WORK FOR MOST OF WORKIN NONE	
in by the behild the hiled the	USU	AL RESIDENCE LIF NURSING HOME OR C	OTHER INSTITUTION GIVE RESIDENCE BEFORE		ed 1709		
224	130	DRU DNA BAL		VILLE	134 INSIDE CITY LIMITS? YES ☑ NO ☐	130 STREET ADDRESS / ZIP CO	1 0
thin 2 sho	14 F	THER'S NAME		VILLE	15 MOTHER'S MAIDEN NA	ME	1
ba apple of St	1	Michael AL	AN Respu	K	KARPN	WIDDLE	LEVITAS
ond col		VAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	RESNICK 11707	
n ond c	,	NO NO	NONE		MICHAEL A. I	RESNICK 11707	
ysicio		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one couse per line for (o), (b), on	d Ic. I			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g ph son pr remo		IMMEDIATE	Media a same a		<u> 11 P - </u>		2 minutes
oth conding or			DUE TO, OR AS A CONSEQUE		· Ladin		2 minutes
e de ott		Conditions, if any, which gove rise to immediate	(b) COSATIO	V	breathing		a muity
ot th Se re crean	18	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUI		cause		7.7
ned I		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO			AINAL DISEASE OR CONDITION	GIVEN IN PART 110
n sig Then r to b	NO	Birt	th asphyxia	1	rene cerebral	Palsy-menta	retardation
ow r	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION		20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
The has	E	ottal alega				YES NO	YES NO
ficote front Thysic I Hyg		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
SICIA ng pl certif certif hentol:	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
PHY tending the bind will be bi	MED	21d INJURY OCCURRED	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
JING of After of the narke		AT WORK AI WORK		-	2	1.5 04 7/27	2
OR OR OR I Is The		sow the deceased alive on_		7.3	d that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
hosp hosp ned fined fi		obove, (1) (we) (did) (did not) 22b. SIGNATURE	view the body olter death.		DEGREE		22¢ DATE SIGNED
the Directory of Fig. 18 19 19 19 19 19 19 19 19 19 19 19 19 19		hap !	acuple M.S)	ATTENDING PHYSICIAN	MEDICAL STAFF	7/22/86
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TO HOSPITA retoined by TO FUNERA should be d with the Sto		KAEW	NPF		Mt. W.	ashington Ho	spital
5 € 5 € 3 ₹	23a.	BURIAL, CREMATION, REMOVAL	23b DATE 23c 1	NAME OF CE	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		BURIAL	FEB. 23,1986 SI	HAAREI		ROSEDALE, BA	LTO., MD.
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR SOL LE	VINSON & BROS	MD		E REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE
(VRA 15, 4)	1 (010 REISTERSTOW	N KD. BALIIMORE	, MD.	(21215)	FD 70 1000	

FOR



1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0	REG. NO.	U	-	1	

	RESHOTKAR					REG. N	Ο.		175.1	
	CEASED NAME FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
17100	ALBER'	reul	ING			FEBRUARY	06,	1986		
1. SE	X	4. RACE		5. DATE C		6 AGE IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR		
M	ALE	WHITE		037	715/14 YEAR	71	YRS.	MONTHS DAYS	HOURS MIN.	
la B	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUN	TY OF DEATH		
MARYLAND			USA MARRIED WIDOWE		DIVORCED	BALTIMORE CITY			м	
1	ALTIMORE		HOSPITAL, NURS HEACILITY GIVE STR NES HOSE		or other institution	120 USUAL OCCUPATI ITYPE OF WORK FOR MOST O CARPENTER		LIFE) INDUSTRY CONS	TRUCTION	
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	ATHER'S NAME ALBERT W. REULI	NG NG	LAST		MARY PFIEFE			LA	st	
160 \	WAS DECEASED EVER IN U.S. A	RMED FORCES? VE WAS OR DATES! W 2	166 SOCIAL SE 218-07-		17 INFORMANT CONNIE REULI	NG 5520 LI		VENUE		
	II CAUSE OF DEATH (Enter of	nly one cause per	line for tour thu	and (cs)				APPROX BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUS		Tonist	1001	must					
	IMMEDIA	ATE CAUSE (o)	7							
		DUE TO O	RAS A CONSEC	DUENCE OF /	2 /					
	Canditions, if ony, which									
	couse (o), stating the DUETO, OR AS CONSEQUENCE OF									
	underlying cause last Myringuel Depurch									
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z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								0	
CATHON										
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至						YES NOXX YES			ING CAUSES OF DEATH?	
CERT		E MULTIN CONTRACTOR								
0	21a. ACCIDENT WAS UNDERLYING	110110 1	M. MONTH	DAY YEAR	211 HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18	B PART I OR PART 2}		
¥	OR CONTRIBUTING CAUSE OF D	P.M. 19								
S	21d INJURY OCCURRED									
量		LAT HOME STREET FACTORY OFFICE FARM						COUNTY STATE		
-	AT WORK AT WORK									
	-: \$17								that (we) lo	
		(w) the deceased alive on 127 19 66, and that in (m) (aur) apinian death occurred on the date and haur (bave (t) (we) (did) (glid not) view the bady after death.							causes stated	
	226. SIGNATURE	off view the body differ death			DEGREE			ZZc. DATE	SIGNED	
	(OAts In)				ATTENDING TO	MEDICAL STA	FF	02/0	100	
	Jan 6 Man 117				ATTENDING X MEDICAL STAFF PHYSICIAN 02/06/				00/00	
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS					
	DR. JOHN C	HEALY,	M.D.		1311 FRANCI	S AVENUE 21	.227			
22-	BURIAL, CREMATION, REMOVA	L 236. DATE	1 23	NAME OF	EMETERY OR CREMATORY	23d. LOCATION				
538	DONIAL, CREMATION, REMOVA	L 230. DAIL		C. LAMAIL OI C	EMETERT OR CREMATORT					
							HC	WARD M	ARYT ART	
]	ISPECIFY BURIAL UNERAL DIRECTOR	02/10/			IDGE CEMETERY	CITY OR TOWN			ARYLÂÑI	

DHMH - 16 50M 4/83 (VRA 15, 4)

NAME

ADORESS

" FEB 0 7 1986



STATE OF MARYLAND FOR 057021 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR LIVPE OR PRINTS Delores 18 1986 J. Revnolds 4 RACE IF UNDER I YEAR 1.5EX 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYS VEAR Female. Black 10 8 1927 TO BUTHILACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Baltimore, City WIDOWED DIVORCED [12h KIND OF BUSINESS OR Walbrook Avenue TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Baltimore Supervisor C&P Telephone BUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION ,1802 Walbrook 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS YES TX Maryland Raltimore NO 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mamie Parrott. Llovd Caster 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT no S. NO OR UNKNOWN) 1802 Walbrook Avenue 213-26-3512 Spurgeon Revnolds Baltimore, Maryland 212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), applic. PART I. DEATH WAS CAUSED BY Mecan IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC 1 STREET NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from and that in (my) (our) apinian death accurred an the date and have and from the causes stated above. (Like | (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR | PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN Burial 2/22/1986 Druid Ridge Cemetery Baltimore, Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

wie Davidson-1

utter & Sons Funeral Home, Inc.

DHMH - 16 60M 7/B4 (VRA 15, 4)

the story Turney Kinder as Drs 400 Canadisal all of the lang one care Miller 20 18 18 19 65 1 MARKAT JAJORI MD SE [Gran J.C. BATTORE, MERINA

STATE OF MARYLAND The A was

(VRA 15 (4))

20052	/-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
38033			CATHERINE	RICHMAN	20. DATE OF DEATH MONTH	1 - 86 6 45 A
ge 4 moy	3. SE)		A. RACE CAUCASIAN	S DATE OF BIRTH MONTH 4 - 18 - 06	6. AGE (IN YEARS LAST BIRTHDAY) 7 9 YRS	IF UNDER 1 YEAR IF UNDER 24 HR
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ors offer	1	TY OR TOWN OF DEATH BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRI SINAI HO		12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING HOUSEWIFE	LIFE) 126. KIND OF BUSINESS O INDUSTRY AT HOME
in 24 hou	MA	RYLAND BALT	THE OTHER INSTITUTION, GIVE RESIDENCE BEF WITY OR TO OWINGS	MILLS 13d. INSIDE CITY LIMITS? YES NO 1	1 PHLOX CIR.,	APT. F #21117
oreplete 1 and 2	7	HARRY	GOLD LAST	LEAH	MIDDLE COB RICHMANESS AP	UNKNOWN
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STAL OF THE STALL OF STALL OF STALL OF		226 PHYSISTAN'S NAME LIVE O	- Harrien	DEGREE ATTENDING PHYSICIAN 122e_ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2/1/86
stoned to FUNE		J.P. Knud-	Hansen, MI) Green spris	timure, MID	21215
BP	(SPECIFY) BURIAL	FEB. 2,1986	HAR SINAI	OWINGS MILLS	
DHMH - 16 50M 4/82		INERAL DIRECTOR SOL I	LEVINSON & BROS	., INC. 250 PA	TE REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE

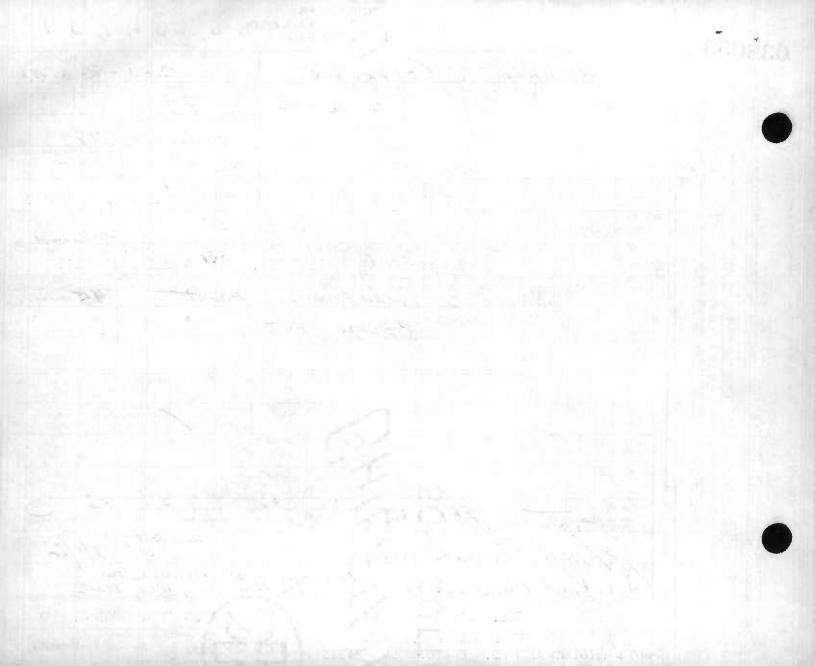
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SOL LEVINSON & BROSS., IN S6010 REISTERSTOWN RD. BALTO., MD

(VRA 15, 4)

STATE OF MARYLAND

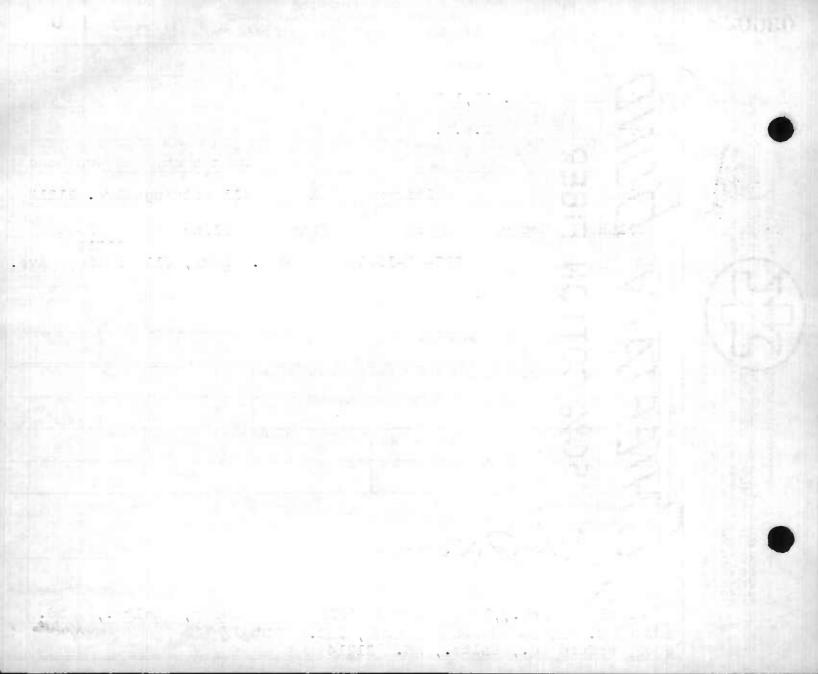
DEPARTMENT OF HEALTH AND MENTAL HYGIENS



036028		FOR STATE	DEPARTMENT		AND MENTAL H		4 7 1 0
		REGISTRAR	MEDICAL EXAM	MINER'S		KEG, INC	
Warden Ca		CEASED NAME FIRST SARAH	Jane	RT	CKS	20. DATE KNOWN X OF ESTI- DEATH MATED	
X HERE	3. SE)		S DATE OF BIRTH 6 AGE	(IN YEARS IF UT	DER 1 YR. IF UNDER		MONTH DAY YEAR 28 HOL
ON STATE	F	emale White	Aug. 13,1899 86	6 YRS.	HS DAYS HOURS	PRONOUNCED DE AD	2 1 1986 11p
A SA	FC	RTHPLACE (STATE OR PREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARR	IED NEVER MARRI	ED 9 BALTIMORE CITY O	R COUNTY OF DEATH
AND STATES		aryland	U.S.A.	WIDOV		DOLL CHILOT C	
1	В	altimore	III. NAME OF HOSPITAL, NURSING I (IF NOT IN SUCH FACILITY, GIVE STREET ADD 611 Gittings Ave	DRESS)	IER INSTITUTION	FOR MOST OF WORKING LIFE) Homemaker	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY OWN Home
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O WHAT	14. F/	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDE		lact
2 2 2 2 2 2 C	P		enry Myers		Anna	Elizabeth	Fischer
INO ORN ONE ONE		WAS DECEASED EVER IN U.S. ARA		CURITY NO.	17 INFORMANT	ADDRESS	21212
ALT SINE SINE SINE VISIG		No	212-07.	-1557D	Edward R	. Ricks, 611	Gittings Ave.
T., BA		DADTIDEATH WAS CALICED	ly ane cause per line far (a), (b), and (c	:).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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ECORDS, 201 DE EXECUTE ENDING" IN MEDICAL EXA AS A BURRAL SALTH AND M CREMATION,	N.	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a)	
로 그룹 그부	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION V	AS PERFORMED?		20 AUTOPSY?
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L EXAMINER: 1 E CERTIFICATE, DUID BE FORV 1 DIRECTOR: P. H. WITH THE ST MARYLAND; 3	1		e af the remains described above, held al causes Accident ,	dan Autop Suicide	Hamicide ,	Undetermined manner ,	d in my apinian DATE SIGNED 2-2-86
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU A FOR EUNERAL BALTER DEATH, BALTIMORE, M		0//	M. Dixon, M.D.	~		enn St., Balto.	
TO MI EXECU PAGE TO FU	23a.B	URIAL, CREMATION, REMOVAL 2			R CREMATORY	23d. LOCATION	COUNTY STATE
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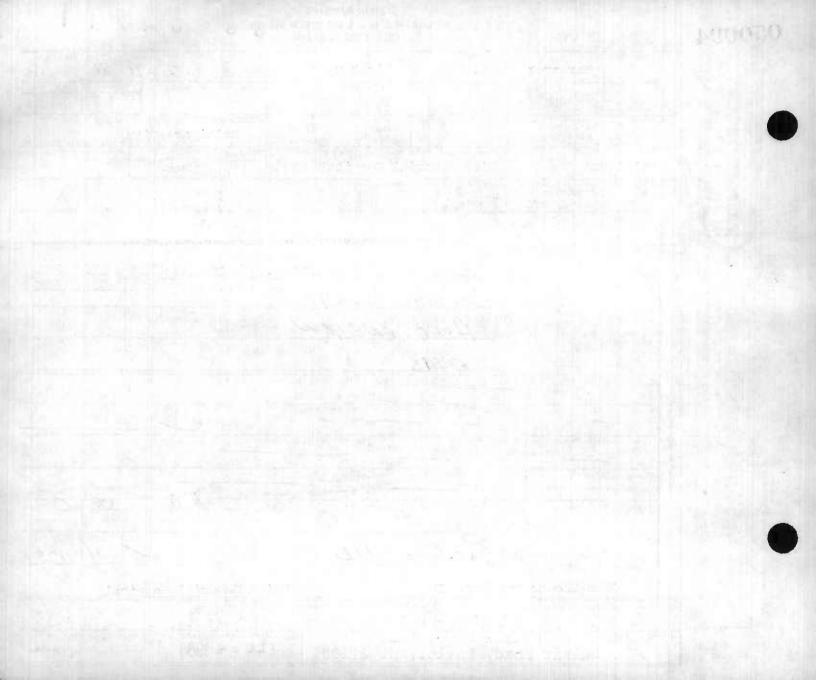
ROBERT C. ALTENBURG EUNERAL HOME, INC. 250 DE SOUS AREGISTRAR SEGMENTAL 6009 Harford Rd., Balto., Md. 21214



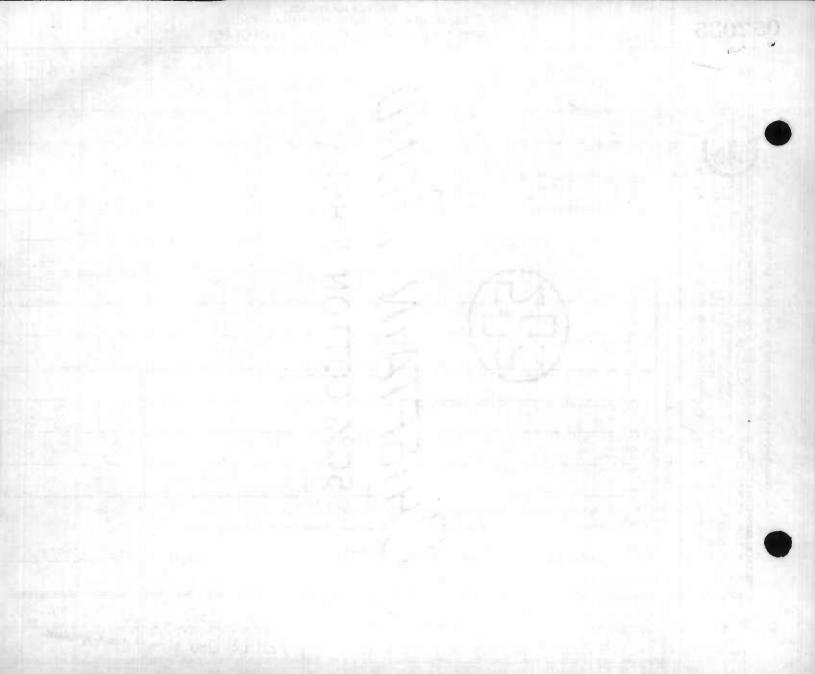
9705 Belair Road, Balto., Md.

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moy b	3. SE		4 RACE	S. DATE C		6 AGE JIN YEARS LAST BIR	THOAY) IF UNDER I YEAR IF UNDER 24 HRS
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SICL, ng P certi certi certi certi	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
G PHY affendi fer this s the bi ond M	MED	216 INJURY OCCURRED	21e PLACE OF INJURY	FICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	VN COUNTY STATE
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Spito CTOI I for		saw the deceased alive an above, (1) (we) (did) (did nat	view the bady after death.	19_86,01	nd that in (my laur) opinion	death accurred on the de	ate and have and from the causes stated
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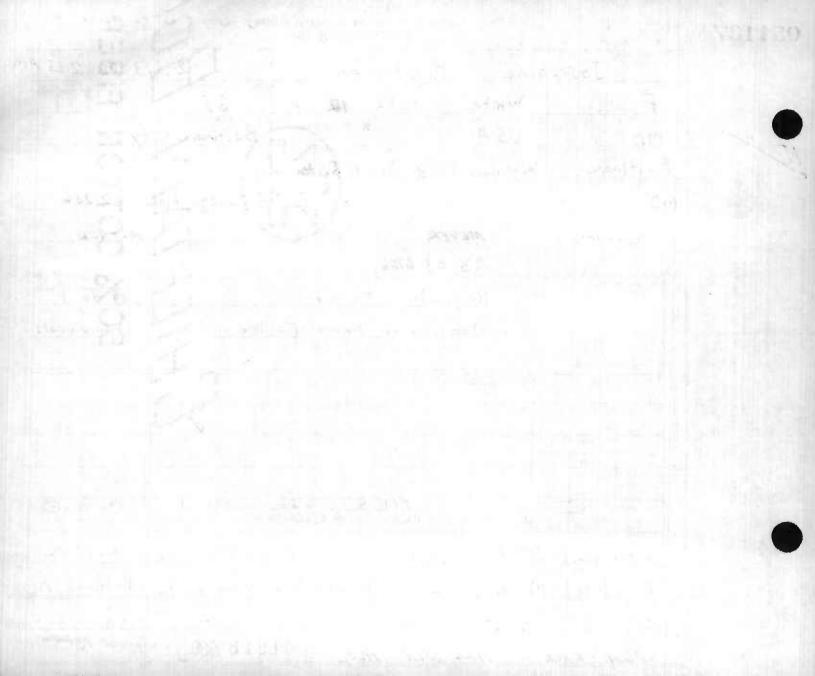


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D	WAR ARE	AT WORK	AT WORK	1 lake	in park	Pa	atterson	Park	Baltin	ore			MD.
	NER: THIS CERTIFICATE SHOULD BE EXECUTED WITH CATE, WRITING THE WORD "PENDING" IN PENCIL FORWARDED TO THE CHIEF MEDICAL EXAMINER IN THE STATE DEPARTMENT OF HEALTH AND MENTAL IND., 21201 PRIOR TO BURIAL, CREMATION, OR RE	220 Leer	tify that I tack charg	e of the remains des	mind abave hel	d on Aut	apsy . In	nspection X,	Inquiry	n and w	n my opinic	00	
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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23a BURIAL, CREM	ATION, REMOVAL 2	3b. DATE	23c NAME	OF CEMETERY	OR CREMATORY	r 23d. LC	CATION				
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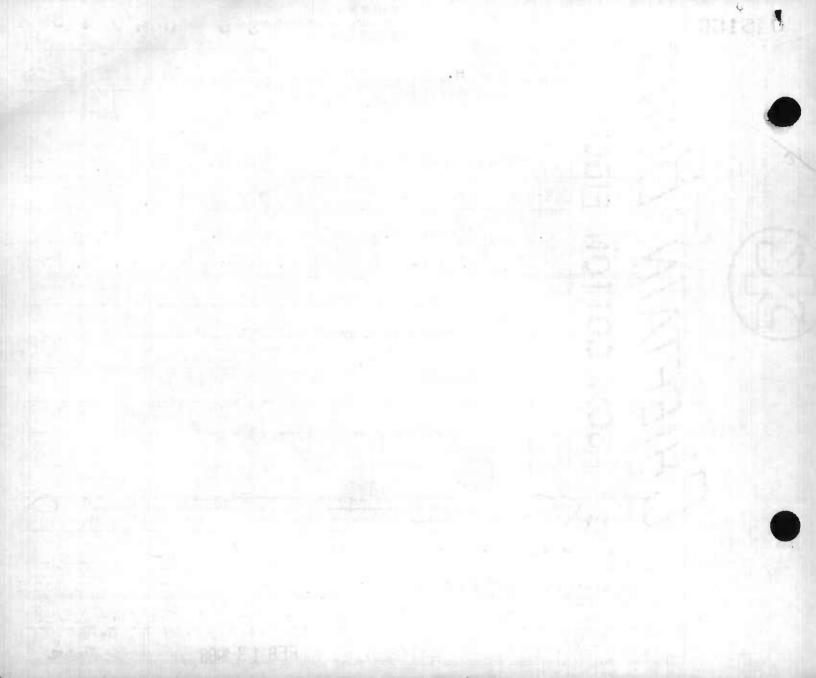


IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 056046 REGISTRAR REG NO MIDDLE 20 DATE OF DEATH DECEASED NAME 2h HOUR (TYPE OR PRINT) 20 NANNIE 86 M. 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 2 LHRS MONTH YEAR 10 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN WHAT COUNTRY? MARRIED NEVER MARRIED 12b. KIND OF BUSINESS OR INDUSTRY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT 30 STATE 136 COUNTY 833 W, PRATT LEATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST GEONGE WASHINGTON AYLON LUCL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT 276 Rose St. Bulto 18 CAUSE OF DEATH (Enter only one cause per line for rat, (b), and is PART I. DEATH WAS CAUSED BY 5min IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CATION 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? No## YES [NO [the burial-transit and Mental Hygin 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) CITY OF TOWN STATE NOT WHILE 86 22a | certify that (1) (this hospital) attended the deceased from_ that (1) (we) last 19 8C. and that in (my) (aur) apinian death accurred on the date and have and leam the causes stated saw the deceased alive an. 40 above, (Kiwe) Aid I did not) view the bady after death detached tote Dept DEGREE 22c. DAJE SIGNE ATTENDING FUNERAL PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 22e. ADDRESS ld b + 230 BURIAL CREMATION REMOVAL STATE Burial 2/21/86 Brooklyn Cedar Hill Cem. A.A. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Chas. A. Rice FSPA 1300 Eutaw Place (VRA 15, 4)

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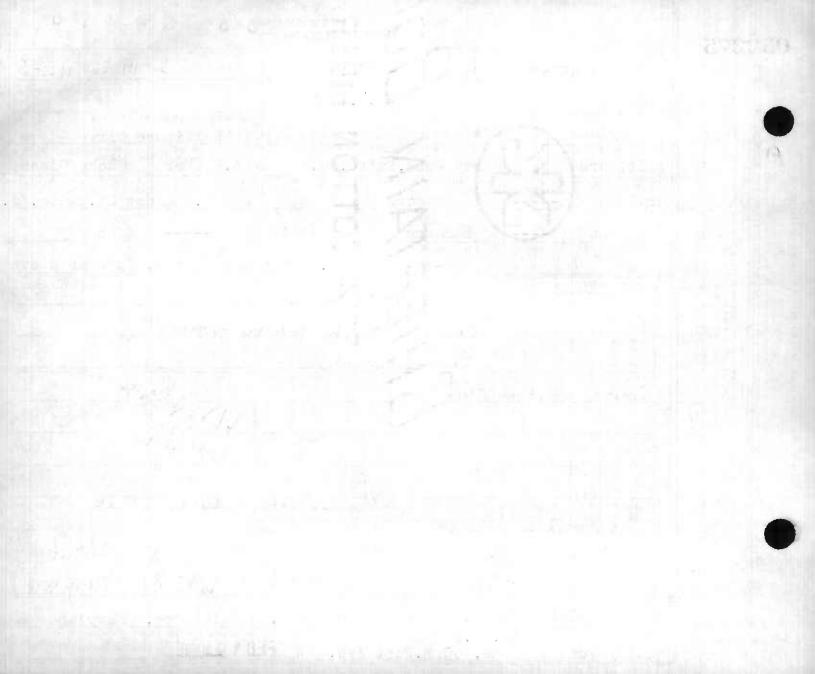
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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon pages? Pages 1 and 2 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burnal, cremoton, or removal.
IMPORTANI: If them 21 is morked or them -18 shows ony injury, or other troumotic event, the medical examines my special for direct.

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12275		FOR STATE REGISTRAR		ARTMENT OF H CERTIF	OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	REG. NO.	4/16
oge 3 deoth s		OR PRINT) MARTH	A A	RIT	TER	20. DATE OF DEATH MONTH	DAY YEAR 126 HOUR P
ge 4 may bector, page	3. SE		4 RACE White	S DATE C	9,1909 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 76	IF UNDER 1 YEAR IF UNDER 24 HRS
eoth. Pog in 72 hour		RTHPLACE (STATE OR FOREIGN COUNTRY Land	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore CITY OR COUN	TY OF DEATH
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TO HOSPITAL OR retoined by the h		220. PHYSICIAN'S NAME (TYPE	R PRIMITY SYLVA	М	ATTENDING PHYSICIAN [MEDICAL STAFF PHYSICIAN	Mercy Hosp.
BP	23a 1	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	2/18/86	Loudon	EMETERY OR CREMATORY Park Cemt.	23d LOCATION CITYORTOWN Baltimore,	COUNTY STATE Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTOR B	alto.Md.2123 1 Home,130	30 E.Fort	Ave. Zsa DAI	EB 19 1986 guli	STRAR'S SIGNATURE Davidson-Asndala



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 7n DATE OF DEATH 26 HOUR LITTER OR PRINCIP CAYO obersua Obia 2.16.86 8:37 am Ko berson 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER) YEAR IF UNDER 24 HRS 3. 5EX 5. DATE OF BIRTH YEAR 13 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 46. BIRTHPLACE ISLAS CHADINGS MARRIED NEVER MARRIED Himon WIDOWED DIVORCED | Appomattox 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Francis Scott Room ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION IJa STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Balto. 148 Chestnut St. Turners & FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE James Roberson Angeline Beasley ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! 213 07 6396 Mary L. Roberson 148 Chestnut APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), I PART I. DEATH WAS CAUSED BY: Bound OE IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which hapori a gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. vonic obstructive PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 THE DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [NO [21 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 211. LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE 2-10 22a I certify that (1) (this hospital) attended the deceased from_ .19 <u>**8** (o</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ above, (I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL 2,16,90 PHYSICIAN [DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME INVER OR PRINT 22s. ADDRESS Ave. Ballimore 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23d LOCATION 236. DATE STATE Burial King Memorial MAR 256. REGUS HALL SHOWN 24 FUNERAL DIRECTOR 750 DATE REC'D DHMH - 16 60M 7/84 James A. Morton & Sons 1701 Laurens (VRA 15. 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE S CERTIFICATE OF DEATH O MEDICAL EXAMINER 042052 REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TE MONTH 26 HOUR (TYPE OF PRINT) ESTI-DEATH MATED LAWRENCE ANTHONY 4 RACE SEX IF LINDER 24 HRS DATE 2d HOUR LAST BIRTHDAY DAYS PRONOLINCED black male 1959 DEAD 2-4-86 5 · 300 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) Md MARRIED V NEVER MARRIED USA Baltimore City WIDOWED DIVORCED CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Baltimore University Hospital Unemployed UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3c. CITY OR TOWN Baltimore 642 Wildwood Parkway 21223 H. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lorick Henderson Andrew Odessa 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS YES, NO OR UNKNOWN) 213-72-7372 Andrew Lorick 2528 W. Franklin Street 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO T 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING TOO CONTRIBUTING CAUSE OF DEATH 2:10PM. 2-1-86 19 pedestrian struck by a train 21e PLACE OF INJURY THE LOCATION railroad tracks 2300blk. W. FrankTin St. Baltimiore, Md. WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my apinion Accident X Suicide Homicide ___ Natural causes Undetermined manner TITLE (SPECIFY) AGE 4 3PL TO FUNERAL S AFTER DEATH Assistant MEDICAL EXAMINER 2-4-86 SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Md Burial 2/11/86 Garrison Forest Vet Owings Mills 07/B4 25AA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Willfam C. March F/H Westess 4300 Wabash Avenue fina vardon-gandages (VR A15 ME (5))

MANAGER TO THE

George J. Gonce 4001 Ritchie Hgwy Balto Md

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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FOR - STATE

ompletely filled in by the funeral director page 3 and 2 should be filed within 72 hours after death RTANT: If Hem 21 is marked or Hem 18 shares any injury, or other traumatic event, the medica UNERAL DIRECTOR. After this certificate has been signed by the attending physical defeatoched for use as the buriol-training and Then please remove corbon paper, the State Dept. of Health and Mental Highway prior to buriol, cremation, or removal. UNERAL DIRECTOR After this certificate being OSPITAL OR ATTENDING PHYSICIAN: The loned by the hospital or ottending physician.

TO H	70	shou	with	IMPO
BP.	_		_	_
DHMH	- 16	6	MC	7/B
/3	A.D.	15	4	1

STATE OF MARYLAND

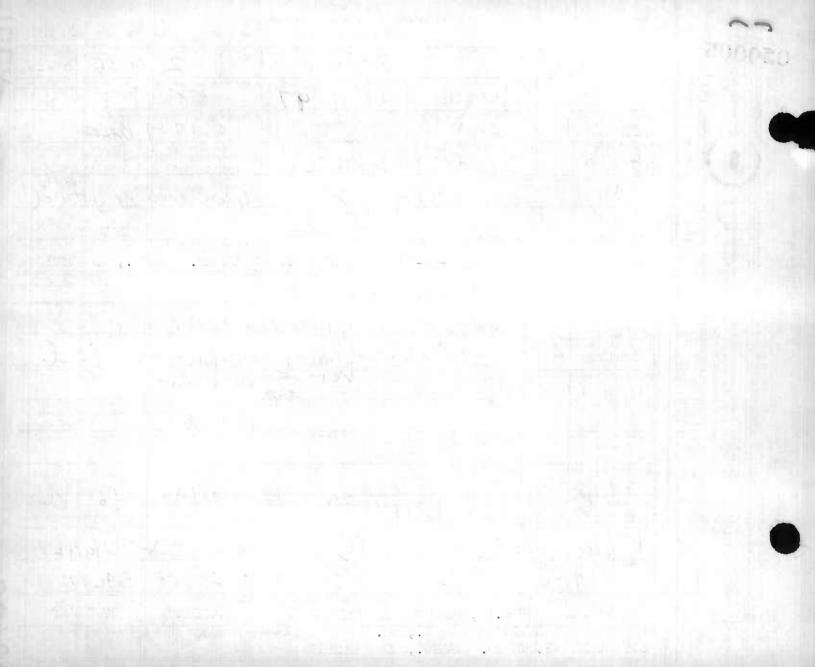
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. N	0.			270	

	REGISTRAR		CERTIFICATE OF DEATH			REG. NO.				
	DECEASED NAME FIRST	MIDOLE	- L	AST		20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR	
1	Willi	am I. R	obinso	n		February	10	1986	M	
3.	SEX	4 RACE	5. DATE C	FBIRTH		6 AGE (IN YEARS LAST BIRT		IF UNDER ! YEAR		
	Male	Black	MONTH 12		36	49	YRS	MONTHS DAYS	HOURS MIN.	
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIEI	NEVER A	ARRIED -	9. BALTIMORE CITY O	R COUNT	Y OF DEATH		
1	Maryland	U.S.A.	WIDOWE		ORCED X	BALTIMORE	CIT	γ	MD.	
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH EACILITY, GIVE STREET		R OTHER INST	ITUTION	120 USUAL OCCUPATION		126. KIND (OF BUSINESS OR	
1	BALTIMORE	2208 Calvert		t		NAA				
1:	JOUAL RESIDENCE (IE NURSING HOME OF 38. STATE 136 COL			13d. INSIDE C	TY LIMITS?	13e STREET ADDRESS /	ZIP COL)F		
2 1	Maryland	Baltimo		YES X	NO 🗆	2208 Calve			1218	
14	FATHER'S NAME	MIDDLE LAST			MAIDEN NAM	AE MIDDLE		LA		
	Harvey	Robinso	n	MAr		Model		Banks		
16	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO	17 INFORMA		ADDRE	SS		14.7	
	NO	216-34	-6129	JAmes	Robins	on 2418 Lay	ola	Northwa	v Ant 103	
	18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), a	nd ic.				~ ~ ~	APPRO. BETWEEN	NIMATE INTERVAL	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of liver									
		DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if any, which			coholi	sm					
	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	underlying couse lost (c) Hypertension									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED			200 AUTOPSY? 206 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF				
Ш						YES NO	YES 🔲			
		116. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21¢ HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
	(IE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	CAIN .	19							
13	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, EARM, ETC.) 21! LOC./			ATION REET CITY OR TOWN			COUNTY	STATE	
1	WHILE AT WORK									
П		oital) attended the deceased from	Jul	y 26	. 19_85	_ to_Febru	ary	319-86	that (I) (we) lost	
	sow the deceased alive a above, (I) (we) (did) (did n	in February 3 19	86. or	d that in (my)	(our) opinion d	eath accurred on the do	te and ha	our and from the	couses stated	
	226 SIGNATURE	X	- 1	DEGREE				22c DATE	SIGNED	
	14	, Idenu		A F	TTENDING HYSICIAN	MEDICAL STAF	F IAN []	2/1	9/86	
	226 PHYSICIAN'S NAME LTYPE	OR PRINT)	3	22e ADDRES	5					
	Alphonso R	thee, M.D.	1500	449	East	25th Str	eet			
23	30 BURIAL, CREMATION, REMOVA	L 236 DATE 236	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE	
	BURIAL	2/20/86 M	ount Z	ion Cen		Lansdowne			Md.	
24	4 FUNERAL DIRECTOR	ADORESS				REC'D. BY REGISTRAN	ISB. REGIS	TRAR'S SIGNA	TURE	
	MArch Funeral Ho	omes 1101 East N	orth A	venue	FEE	320 1986	wan	Davidson-V		

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STATE OF MARYLAND



FOR

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STATE OF MARYLAND

STATE OF MARTERIES								
DEPARTMENT OF HEALTH AND MENTAL HYGIEN								
CEDTIFICATE OF DEATH								

b REC	0 . NO.	4	7	2	3
				_	

1	REGISTRAR		CERTIF	ICATE OF DEATH	O O REG. N	04/	2 3			
	(TYPE OR PRINT)	AIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	20 110011			
1		LIAM C	RC	ogers Sr.		2 20 %	2 530 AM			
	3 SEX	4. RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE				
1	Male	White		y 22, 1906	79	YRS	13 MOURS MIN.			
Z	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	DXX NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH				
4	Maryland	U.S.A.	WIDOWI		BALTIMORE	СТТУ	MD.			
	10. CITY OR TOWN OF DEATH		TAL, NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON 126. KIN	D OF BUSINESS OR			
0	BALTIMORE	UNION ME	MORIAL HOSE	PITAL	Refund C		ilroad			
1	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COU	INTY 13c C	sidence before admission) ITY OR TOWN altimore	13d INSIDE CITY LIMITS?	130.STREET ADDRESS	ZIP CODE 40th Street	21211			
	14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST			
2	Harry C. Roger			Caroline S	Seyter		LASI			
٦	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS				
	No	70	05 09 0511	Rea V. Roger	s same					
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per line to	ir (a), (b), and (c).)			APPI BETWE	ROXIMATE INTERVAL SEN ONSET AND DEATH			
		TE CAUSE (0) CA	RDIO-PUL	MONARY A	RREST	î	3/30			
		DUE TO, OR AS A CONSEQUENCE OF								
	Canditions, if any, which gave rise to immediate	(b)	CVA	PONTINE /	VEYBCL)	<	419			
	couse (a), stoting the	couse (a), stoting the DUETO, OR AS A CONSEQUE								
		(c) AKRMIN								
	PART 2. OTHER SIGNIFICANT	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	TIO DATE OF OPERATION A COLORNY WAS UNDERLYING [DIABETES	FOR WHICH OPERATIO	NAME OF DESCRIPTION OF THE PARTY OF THE PART		20b. IF YES, WERE FINDINGS USED				
7	E ALLA	198 CONDITION	FOR WHICH OPERATIO	IN WAS PERFORMED	76s AUTOPSY	IN CERTIFYING CAUS				
4	210 ACCIDENT WAS UNDERLYING	7 216 TIME OF INJU	IPY	21c. HOW INJURY OCCURR	ARR NOT	YES 🗌	NO 🗌			
	00.000.000.000.00	HOUR A.M. M	MONTH DAY YEAR	A ila	CED CENTER NATURE OF INJU	RY IN HEM 18 PART I OR PART	21			
	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJ	19	211 LOCATION						
ı	WHITE NO WHITE		TORY, OFFICE, FARM ETC)	STREET	CITY OR TO	WN COUNTY STATE				
	270 L certify that (1) (this has	utal) attended the dece	ased from FEB 1	10.80	" FEB 7	O 19 Ste	the state for any least			
	saw the deceased alive a	saw the deceased alive an								
	22b. SIGNATURE	above, (i) (we) (did) (did nat) view the body after death.								
	Casa	Marien/	MEDICAL STAR		121/18/					
	224. PHYSIC AN'S NAME TYPE	OR RENT)		PHYSICIAN [J DIRECTOR LI PHYSIC	I of	100100			
	CAPA	DAUKS		UNION MEMORI	AT HOCDIEST		(
Ī	230 BURIAL, CREMATION, REMOVA	L 23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					
	Burial	02/24/86	Immanuel	Cemetery	Mancheste	er Carroll	Co. MD			
	24 FUNERAL DIRECTOR		1		E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	VATURE			

DHMH - 16 60M 7/B4

BP.

Burgee-Henss Funeral Home 3631 Falls Rd 21211 (VRA 15, 4)

- -- Mandelle

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044137/	FOR STATE REGISTRAR		FOF HEALTH AND MENTAL HYGERTIFICATE OF DEATH	0 0	04/24
hin 24 hours ofter death rage 4 may be sy that it is the funeral director page 3 sy that it is the 72 hours after death ne database	1. DECEASED NAME (TYPE OR PRINT) 3. SEX 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH DALL BOUAL RESIDENCE (IF NORSING HE	Black N 76 CITIZEN OF WHAT COUNTRY? 8 N W. S. A 11. NAME OF HOSPITAL, NURSING H RENOTIN SUCH FACILITY, GIVE STREET ADDRIV	ission) 13d INSIDE CITY LIMITS?	6 AGE IN YEARS LAST BIR 9 BALTIMORE CITY OF 12a USUAL OCCUPATI (TYPE OR WORK FOR MOST OF 13e.STREET ADDRESS	MONTH DAY YEAR 26 HOUR AM THOAY) IF UNDER 1 YEAR IF UNDER 23 HRS. WONTHS DAYS HOURS MIN. YRS MONTHS DAYS HOURS MIN. YRS MONTHS DAYS HOURS MIN. YRS IF COUNTY OF DEATH AD. ON 126 KIND OF BUSINESS OR OF WORKING LIFE INDUSTRY
e executed with and complete Pages 1 and 2	A 1 best 160 WAS DECEASED EVER IN U (YES NO OR YNKNOWN) (IF		202 11 -	ADDRE Vards 800	Watson .
equires that the deoth certificate by signed by the attending physicia. Then please remove carbanpapers to buriol, cremation, or removal niury, ar other traumotic event, the niury, ar other traumotic event, the	Conditions, if ony, whi gove rise to immedia cause (a), stoting to underlying cause lo	DUE TO, OR AS A CONSEQUENCE the (b) DUE TO, OR AS A CONSEQUENCE	y hip	NINAL DISEASE OR CON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DITION GIVEN IN PART 110
an. Thas been permit permit and any in	PATE OF OPERATION 21a. ACCIDENT WAS UNDERLY!	LIGHT AND MONTH BAY	21¢ HOW INJURY OCCUR	YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
S PHYSICIA plantending plantending plante certifithe burieful the burieful and Mentol ked or frem	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 218 PLACE OF INJURY	19 211 LOCATION	C114 OR 10	WN COUNTY STATE
HOSPITAL OR ATTEN med by the hospital FUNERAL DIRECTOR. Jul be detached for us the Stote Dept. of He ORTANI. Il-tem 21 is	sow the deceased of	Is a year.	3 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [MEDICAL STAL	
BP	230 BURIAL CREMATION, REMISSEE BURIAL 24 FUNERAL DIRECTOR William C.	OVAL 23b. DATE 23c. NAM 2-11-86 Kin. March F. H. West	e of cemetery or crematory g Memorial la 1300 Wabash	234 LOCATION TOWN FROM PARTIES TOWN ERSC D BY REGISTRAN	Ilthun COUNTY HAI A STATE OF THE STATE OF TH

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7)	1 DE	REGISTRAR CEASED NAME	FIRST	7712	MIDDLE	TER 3 C	LKTIFICATE C		REG. NO.	DAY YEAR	a. 11011D
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OR. LES. URS.	2.00		SAMI	JEL EDWAR	D LEROY	RO	LLISON	DEATH MA	x2-25	-86 19	M
STREET	3. SE		4 KACE	S DATE OF BIRTH	YEAR LAST BIRTHE		S DAYS HOURS	24 HRS. 20 DATE MIN PRONOUNCE	D	DAY YEAR	2d HOUR
ON O	Ma		White			RS.		DEAD	3-4-	86 19 1	.0:10a
ESS.	FC	IRTHPLACE (ST.		76. CITIZEN OF W	HAT COUNTRY?	8. MARRI	ED NEVER MARR	IED IA	E CITY OR COUN	ITY OF DEATH	THE
ON SERVICE SER		ryland		U.S.A.		WIDOW	ED DIVORC		ore City		MD.
SE S	10 C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDIASS	E, OR OTH	ER INSTITUTION	120 USUAL OCCUPAT	ION (TYPE OF WORK	OR INDUSTRY	
A PER BEA	[21+imox			iftview AV	enue		Trackman		Railro	
A DIST	USU	AT RESIDENCES	FIN NURSING HOME I	OR OTHER INSTITUTION, G	INE RESIDENCE BEFORE ADMISS	ION)	136 INSIDE CITY LIMITS?	13e STREET ADDRESS		1	
21201 F ANY RETAI HOULE RECOR	Ma	ryland	138 COOK		Baltimor	e	YES X NO	1602 Cli:	ftview	Av. 212	13
A		ATHER'S NAME					15. MOTHER'S MAIDE	EN NAME			
PATE EST		Samuel	H. Ro	llison	LAST		Alexi	MIDDL	_	ans	
RS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE GIVE PAGE 1, 2, AND 3 TO THE FUNERAL DIRECTOR. WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. PAGES I AND 2 SHOULD BE FILED, WITHIN 22 HOURS DIVISION OF WITAL RECORDS, 201 W. PRESTON STREET,	16a \	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURI	IY NO.	17. INFORMANT		DDRESS 2	1234	
AFTE NE F NE F S S S S S S S S S S S S S S S S S S S		NO NO	VN) (IF YES, GIVE	WAR OR DATES]	722-12-3	869	Betty J	. Frazier	א פווו	2727	Dd
S S S S S S S S S S S S S S S S S S S	-		DEATH (Enter or	ly one couse per line	for (a), (b), and (c).)	007	De doy o	· rrazrer	TTTC 11	APPROXIMATE I	NTERVAL
5 98982		PART I DE			rioscleroti	ic cai	diovascul:	ar disease		BETWEEN ONSET	AND DEATH
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第一种的		Conditions, if any, which									
OR A RES			e to immediate stating the under-		AS A CONSEQUENCE	OF			-	170	
MIN PE		lying caus	se last.			0.				200	
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PEN ARE	CERTIFICATION	19a DATE OF	OPERATION	119h CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOPSY?	
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NVISION OF VITAL RE CERTIFICATE SHOULD SITING THE WORD, "PE FED TO THE CHIEF A E 3 SHOULD BE USED, A E DEPARTMENT OF HEL IPRIOR TO BE USED, I	- 1	210 EXTERNA	L CAUSE WAS	21b. TIME O	FINJURY	21c. HC	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR P	YES ARI 2)	NOX
S THE STANFA		UNDERLYING	OR IG CAUSE OF	HOUR A.A	A. MONTH DAY YEA	R					
CERTIFICA CERTIFICA TIING THE CED TO THE DEPARTM I PRIOR TO	MEDICAL	21d INJURY O			OF INJURY (AT HOME.	211 LO	CATION				
DIV REE SOLFE SOLFE	A M	WHILE	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	S	TREET	CITY OR TOWN	CC	YIMUC	STATE
12AAAKI		AT WORK	AT WORK						1		
A PART OF A PART		22a. I certif			scribed above, held an	Autop	sy , Inspectio	n Ly, Inquiry L	, and in my o	pinion	
WE W		deoth resulte	d from: Natu	rol causes X.	Accident, Si	ricide	, Hamicide .	Undetermined manne	r L.		
EXA DUED DIRE		ACTUAL	Maria	- A. (1/2.10		TITLE (SPECIFY)		DATE		200
A SHAN THE	-	SIGNATURE_	TOUR	ac in	rece	M	D. Assistant	MEDICAL EXAMINE	R SIGN	3-4-86	
MEDICAL CUTE TH CUTE TH SE 4 SHC FUNERA ER DEATI	1	EXAMINER'S	NAME	Margarita	A. Korell	M.D.	. 111 Pe	enn Street			
TO MEDICAL EXAMINER: TERECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2	22.0	(TYPE OR PRIN	ION.REMOVAL				ADDRESS	Taylogaria			
	730.8	Cremat	ION, REMOVAL		23c. NAME OF CE		K CREMATORY	Baltimo	COL	INTY STAT	TE
07/B4 BP	74 F	OT. GILLS C	TON N	lar 5, 8	6 Greenm	ount	Cometer	EC'D. BY REGISTRAR	Me REGISTRAPIS	yland	
DHMH - 17		NAME		ADDRESS	l Loch Ra				LENGTH THE	Sidish outs	
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STATE OF MARYLAND 059104 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 28 DATE OF DEATH 26 HOUR TYPE OR PRINT) CM 5 16 4 RACE 1 SEX 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS White To BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore WIDOWED X DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY HOUSEWIFE OWG 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 21209 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE PREIL 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT LIF YES, GIVE WAR OR DATEST Kombro 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NOF 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased fram. saw the deceased live on and that in (my) Jawi opinian death accurred an the date and haur and from the causes stated mbone the worlded die no view the bady after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN THE SICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR

(SPECIFY)

230. BURIAL, CREMATION, REMOVAL

Ebrew Memoria

236. DATE

231. NAME OF CEMETERY OF CREMATORY SHOMRE HADATH VETZEMACH

23d LOCATION

Dundalk, Maryland

21222

(VRA 15, 4)

7922 Wise Avenue

02 07 84 5 9 whotoh FLRY ELL SI A Balgara City ARC I waste of 063024

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

ROSE

5. DATE OF BIRTH

6 AGE (IN YEARS LAST BIRTHDAY)

12a USUAL OCCUPATION

IF HANDER I VEAR

REG. NO. 20 DATE OF DEATH MONTH

2b HOUR 10:28P

IMPE OR PRINTI 3 SEX

- STATE

REGISTRAR

DECEASED NAME

MARTHA 4 RACE

black

II S A

76 CITIZEN OF WHAT COUNTRY?

WIDOWED

1931 MARRIED NEVER MARRIED

DIVORCED [

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY

54

FEBRUARY 26, 1986

ID CITY OF TOWN OF DEATH BALTIMORE

female

TO BIRTHPLACE I STATE OF FOREIGN

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION JOHNS HOPKINS HOSPITAL

SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

Disabled 13e STREET ADDRESS / ZIP CODE

126 KIND OF BUSINESS OR INDUSTRY

21201

Md 14 FATHER'S NAME

ALIDDLE

13b. COUNTY

Baltimore Rose

13c CITY OR TOWN

Mattie 17 INFORMANT

IS MOTHER'S MAIDEN NAME

MIDDLE ADDRESS EngTish

Favette Street Apt 1008

Robert

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I, DEATH WAS CAUSED BY

166 SOCIAL SECURITY NO 247-54-9686

Yvonne Little 3505 W. Belvedere

734 W.

APPROXIMATE INTERVAL 10 minutes

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF

IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

ACCIDENT WAS UNDERLYING

216 TIME OF INILIRY

21¢ HOW INJURY OCCURRED

20a AUTOPSY

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR 21d INJURY OCCURRED

21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC) 211 LOCATION

STATE

NOT WHILE 22a | certify that (this haspital)

itended the deceased fram did not) view the bady after death

DEGREE

nian death accurred an the date and have and from the causes stated

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIA Boltimore, Md. 21205

CITY OF TOWN

23g BURIAL CREMATION REMOVAL (SPECIFY Burial

(VRA 15, 4)

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

236 DATE 3/5/86

Eastview Cemetery

Baltimore

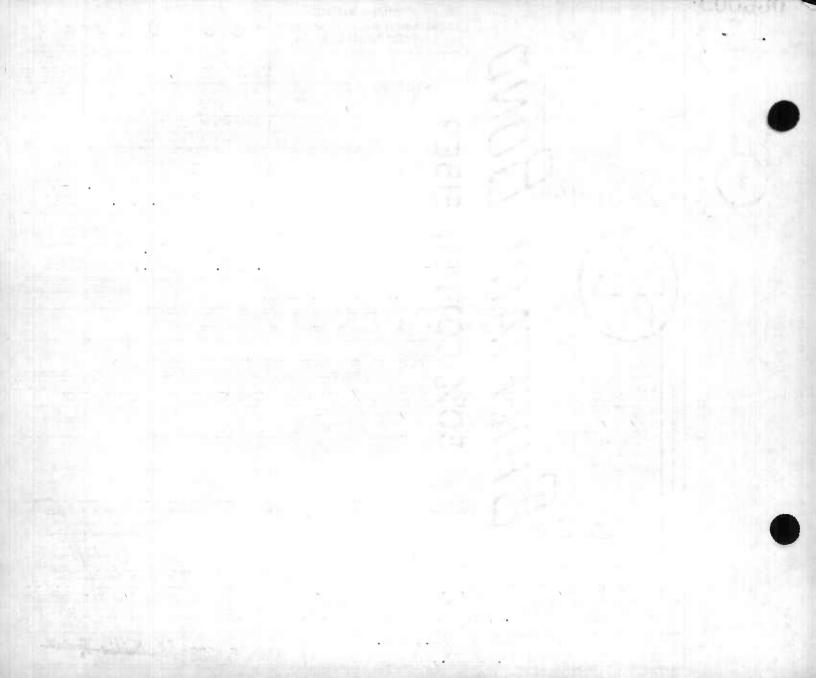
bM^{IATE}

William C. March F/H West 4300 Wabash Avenue

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE m www. won- yander

STATE OF MARYLAND

000000



52288		FOR STATE REGISTRAR		DEPARTMENT OF CERT	ATE OF MARYLAND FHEALTH AND MENTAL HY IFICATE OF DEATH	REG. NO		3 Q
ector, peage 3	3 SE	remale	ae Whi	-e Mo	OSEN - 1905 E OF BIRTH 1905 S - 29 - 1904	6. AGE LIN YEARS LAST BIR	YRS.	26 HOUR IF UNDER 24 HRS HOURS MIN.
to other depth of	F	RTHPLACE (STATE OR FOREK DUNIRY) USS 1 ITY OR TOWN OF DEATH	11. NAME OF A	WHAT COUNTRY? 8 MARK WIDO' HÖSPITAL, NURSING HOM HEACHITY, GVE STRET ADDRESS)		12a USUAL OCCUPATION	F WORKING LIFE) INDUSTRY	
other 24 feet 2 country filled in 2 country filled in	13o. S		OME OR OTHER INSTITUTION COUNTY MIDDLE	GIVE RESIDENCE BEFORE ADMISSIO 130 CITY OR TOWN BALTIMORE	13d. INSIDE CITY LIMITS? YES \(\) NO \(\) 15 MOTHER'S MAIDEN NO FIRST		ZIP CODE	#21209
boarden land	1	SAMUEL VAS DECEASED EVER IN U		POLTILOVE 166 SOCIAL SECURITY NO 212-44-90	IDA	ARVIN DAWYD SOUTH, APT.	WINT OV 10 #21208	ER
i the death certificate the attending physics remove carbon paper remotion, ar removal.		Conditions, if any, wh gave rise to immedic cause (a), stating	DUE TO, OI	RAS A CONSEQUENCE OF	e Aveni	INFINE	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH YHAS
n. n. nos been signed by permir. Then please ne prior ta burial, c	CERTIFICATION		ANT CONDITIONS <u>CC</u>		UT NOT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN PART 11 20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES YES	NGS USED
IG PHYSICIAN: The ottending physicial physicial feer this certificate is the burial-transit and Mental Hygie hand Arental Hygierked or them 18 sha	MEDICAL CERT	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED WHILE NOT WHILE LATWORK ALWORK	OF DEATH HOUR A.: (AMINER) P.I. 21e PLACE (AT HOME STE	M. MONTH DAY YEA M. 1	211 LOCATION		RY IN ITEM TS PART (OR PART 2)	STATE
AL OR ATTENDIN the hospital or a AL DIRECTOR: Att setached for use of the Dept of Health		22a.1 certify that (1) (this saw the deceased a		-12 19 01	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	ote and hour and from the	
SPIT.	1	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	1/ 1100	22e ADDRESS	Contract		seto

DHMH - 16 60M 7/84 (VRA 15, 4)

736. DATE FEB. 14, 1986 LUBAWITZ NUSACH ARI (NER TAMID) 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

23b. DATE

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

ROSEDALE

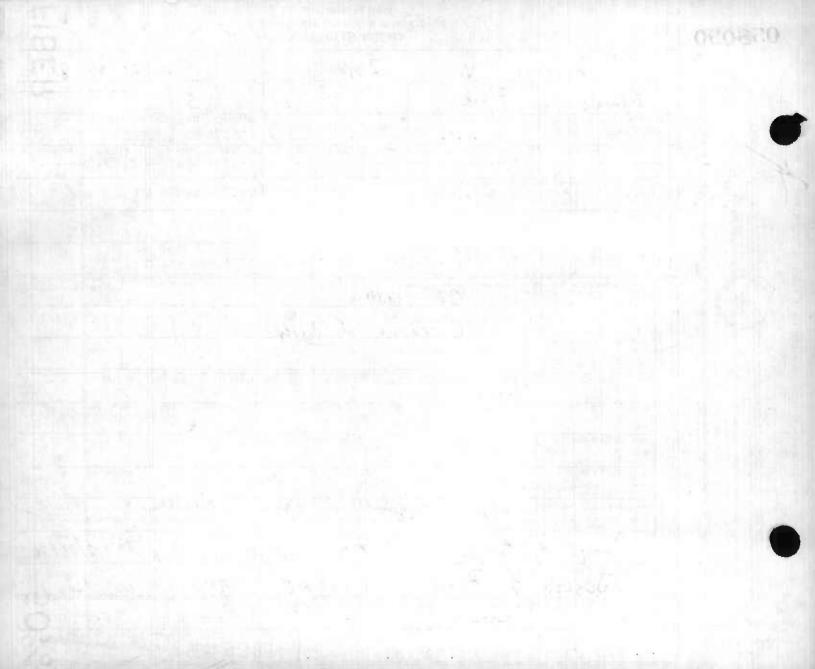
BALTO.

2/12/86 CN2/218

.ID) ROSPP.

57 WEED 3

058090	1	FOR - STATE REGISTRAR	DEI	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAI ICATE OF DEATH	L HYGIENE & REG. N	3 4 1	3 1
oy be deoth		CEASED NAME BEATR	MIDDLE V.	R	DSS	20. DATE OF DEATH	2 2(86 8 0 F P
ctor. po	3. SE	* Female	RACEBlack	S. DATE C		63	YRS	DAYS HOURS MIN.
	MA	IRTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	76. CITIZEN OF WHAT COUL U.S.A.	WIDOWE	DIVORCED	BALTIMORE	E, CITY	ATH
4 3	B	ALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVI FRANCIS SC	COTT KEY	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C BALTIMOR)	OF WORKING LIFE) IND	KIND OF BUSINESS OF USTRY HOSPITAL
n 24 hours	MA	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE TY BALT	E BEFORE ADMISSION) R TOWN LMORE	13d. INSIDE CITY LIMI YES 📉 NO 🗆	1429 MULL	/ ZIP CODE IKAN COUR'	T 21231
ond 2 s	9	HYLANT		EWART	MARY	WIDDLE		WÂRD
be exect to and c	160 N(WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV		L SECURITY NO.	BRENDA R	OSS 1524 MAY	COURT	
(R)		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one cause per line for (a), D BY: E CAUSE (o) G T	BLEE,			84	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
or the door or the company or the co		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CON	rhosis	of Live	W		
requires the signed of Then pled or to buriol injury, or	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN P	'ART 1:0
The low cont.	CERTIFICATION	190 DATE OF OPERATION	196 dondition for v	VHICH OPERATIO		200 AUTOPSY? YES NO	YES 🗌	AUSES OF DEATH?
SECIAN ng phys certifical riskings tental try	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR		CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORF	PART 2)
of the by orked or or orked or or orked or or orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211 LOCATION STREET	CITY OR TO	1	UNIY STATE
ATTEND supplied a SCTOR A SCTOR A d for site of Head m 21 is m			7/7/	19 <u>96</u> , ar		inion death occurred on the d		
RAL OR described of the No.		224 PHYSICIAN'S NAME (TYPE O	Ega			NG MEDICAL STA	FF	2/21/86
O HOSPITAL TO FUNERAL Should be de with the Store MIPORTANT		Joseph	B. Bage		ESKMC	: 4940	Eastern	Ave.
BP	1	BURIAL, CREMATION, REMÓVAL (SPECIFY) BURIAL	236. DATE 2-27-86	BALTIN		BALT IMOI	RE COUNT	MARYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)		uneral director 1.C.MARCH FUNERA	L HOME INC.	DRESS 1101 E.NO	ORTH AVE.	FEB 25 1986	guia Davido	IGNATURE DE LA COMPANION DE LA



037079	1	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	NTAL HYGI	ENE O REG. NO	0 4 7	3 2
oy be death death		EASED NAME FIRST	RV H.	ROSS Is date of birth		20. DATE OF DEATH	2-2-86	6 6 30 AM
oge 4 m	7	Female	Black	MONTH DAY	05	80	YRS.	YS HOURS MIN.
1 11 35	B	alto. Ma	U. S. A	MARRIED NEVER MAR	RCED	Baltimore city of	oce Cita	/ MD.
90	10	alls, Md	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET			120 USUAL OCCUPATION OF OF WORK FOR MOST OF		O OF BUSINESS OR
(Car		TATE NG HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY			3. STREET ADDRESS /	ZIP, CODE High gate	Drive
W	IL FA	THER'S NAME	Matthews	15. MOTHER'S MA	ST UNK	MOUTE MIDDLE		LAST
Page		(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 2/2-16	9398 Elmer	Ross	5720 High	/ - / - D	rive
physics physics reports moved		PART I DEATH WAS CAUSE	nly ane cause penine for (a), (b), on ED BY TE CAUSE (a)	celmano	fa	ilure	APPI BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
depth cer phending over stribo fran, or re ournolic e		Conditions, it any, which	DUE TO, OR AS A CONSEQUI	ENCE OF 151	V.	logea		
that the fiby the case remo		gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUI	ENCE OF	V	0		
equires There plays to burn	NOU	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT RELATED TO	THE TERMIN	nal disease or cont		
The low son r hos be r permit	RTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORM	AED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [IDINGS USED SES OF DEATH? NO
CLAN a photo serificati of hon mad Hyg	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.		RY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)
offer that the band wed by hand My	MEDICAL	21d INJURY OCCURRED	(AT HOME STREET FACTORY OFFICE, F	PARM ETC) 211 LOCATION STREET		CITY OR TO	WN COUNTY	STATE
TTENDS at 100 strong at 14cm strong 21 is etter		saw the deceased alive ar	ital attended the deceased from	and that in (my) (au	ur) apinian de	, to, to eath accurred on the do	ite and hour and from	_, that ((we) ast the causes stared
At OR A the house house being heart the house being the month of the house being the house bei		226. SIGNATURE	Desd	DEGREE ATTE PHY	ENDING YSICIAN []	MEDICAL STAF	F	TE SIGNED
TA SPECIAL		224 PHYSICIAN'S NAME TYPE		22e ADDRESS				

234 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR William C. March F/H West 4300°Wa⊾ash Avenue (VRA 15, 4)

236 DATE

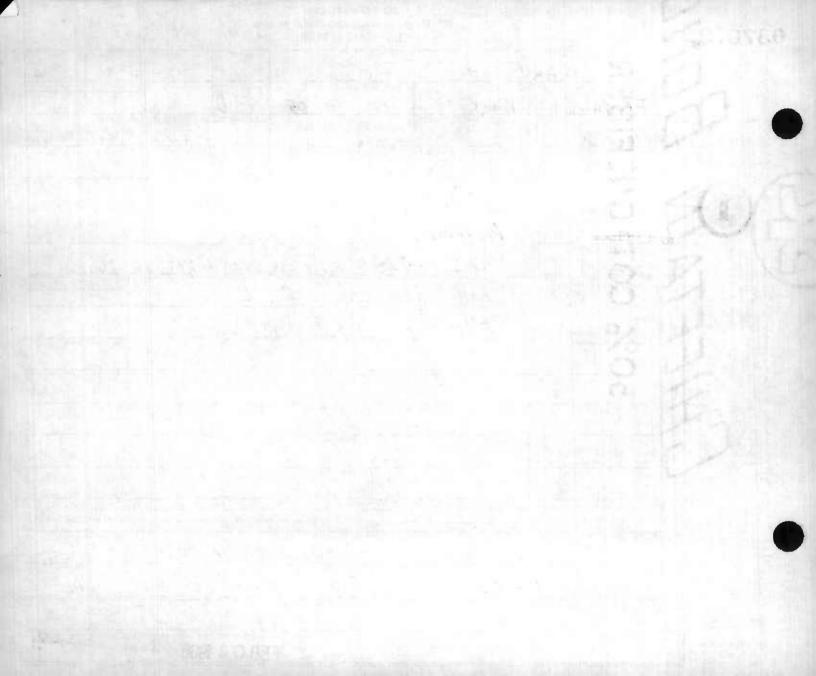
2/6/86

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

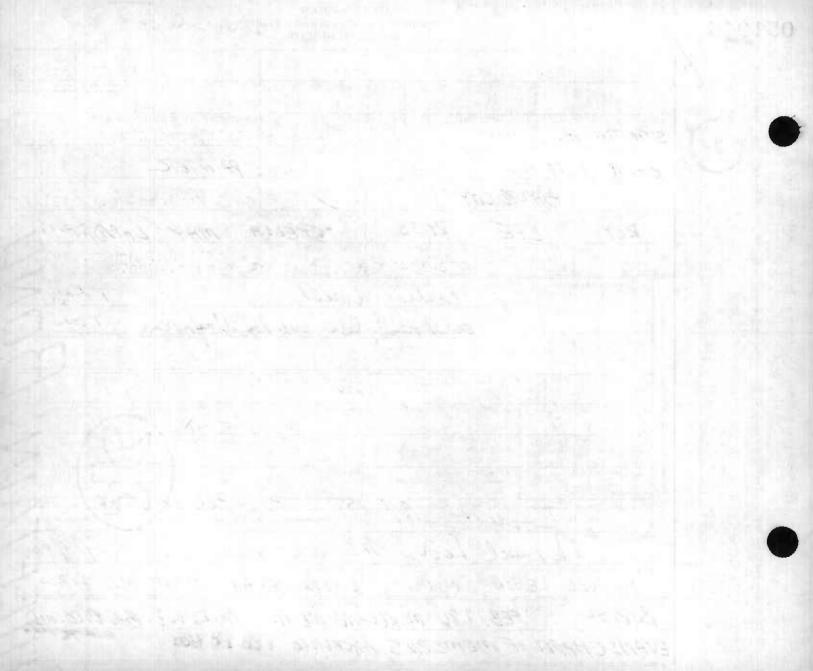
23d LOCATION CITY OF TOWN Laurel Md Nat Memorial Park Laurel
| 250 DATE RECID. BY REGISTRAR 250 REGISTRAR SIGNATURE

COUNTY

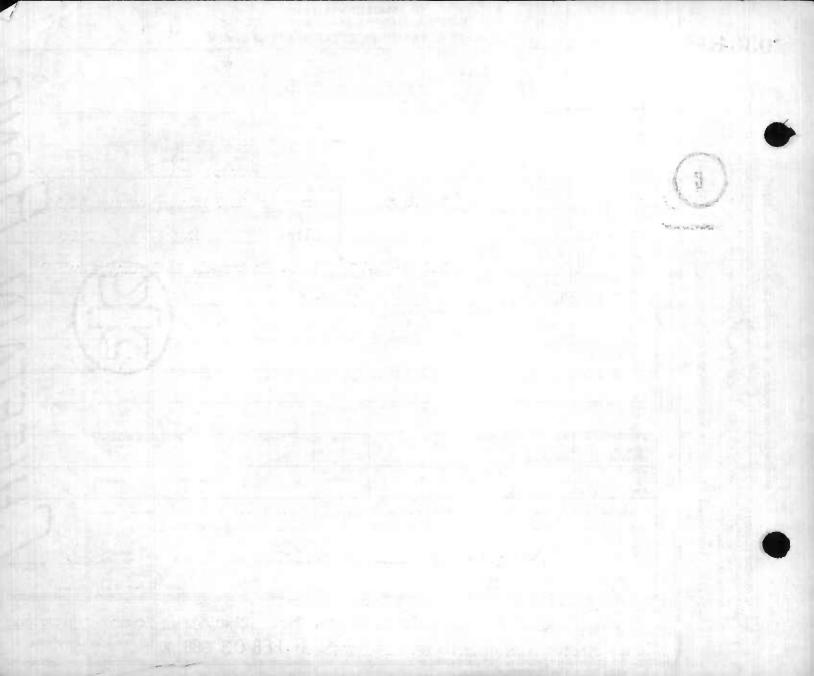
STATE



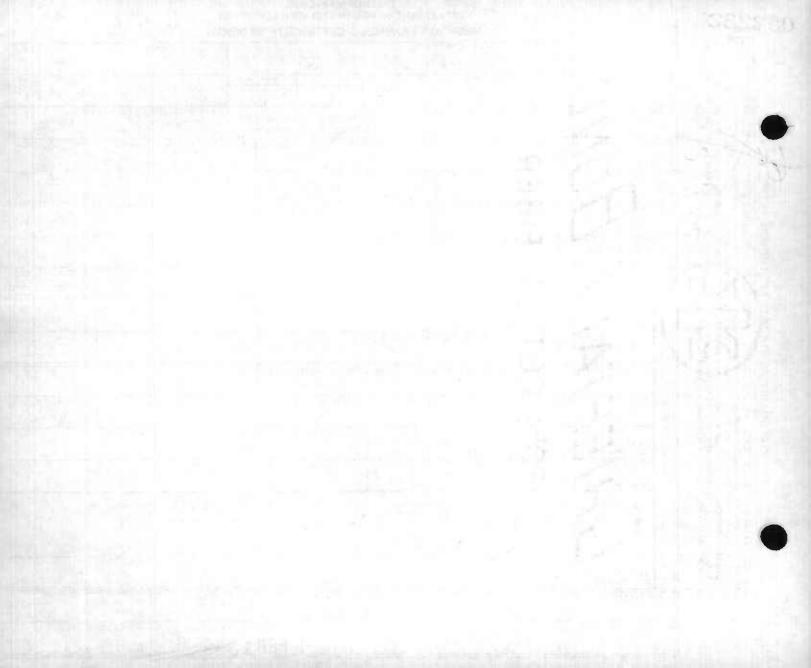
051046	1.	FOR STATE	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	0	41	3	5
me 1/		REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	IAST	REG. NO 20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
depth depth	3 SE:	Roy	4. RACE	ROSS S. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTH		86 ER I YEAR	5:30 A
ge 4 m	3 31.	M	W	MONTH DAY YEAR 7 1 32	53	YRS.	DAYS	HOURS MIN.
4 H	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NORCED	Baltimore CITY OF			410
offer de	10 C	TY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b		F BUSINESS OR
MARYLAND 2120 ed within 24 hours ed within 24 hours ed within 26 hours ed within 26 hours ed within 26 hours		AL RESIDENCE (IF NURSING HOME OR STATE 136.	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	130 STREET ADDRESS 6423 Harf		. 2	21214
MARYLA	14. F#	THER'S NAME	MIDDLE POS	S STELL	A MAY	LAN	10/2	am
IMORE,		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) [IF YES, GIV	VE WAR OR DATES)	rity NO. 17. INFORMANT -2026Pleasant M	4615 F anor Nurs.	k. Hgh Cen.	ts.	Ave.
T., BALT		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and ED BY TE C AUSE (a)	or arrest			BETWEEN	MATE INTERVAL
PRESTON ST he death cert he althrush emotion or traumatic		Conditions, if any, which	DUE TO, OR AS A CONSPOUE	NCE OF lever with &	lepale fac	las	14	eal
by the a pse remote tree of the remote to other tree other other tree other other tree other other tree other othe		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE				1	
RDS, 20	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN	PART 110	,
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require ther this certificate has been sign os the burnol-tronsit permit. Then the ond Mental Hygiene prior to be orked or them 18 shows ony injury	CERTIFICATION	19a date of Operation	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES		
CLAN: TI physici prinficote ol-fronsi ntol Hygi em 18 sh		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	21t HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 O	R PART 2)	
C PHYS offending of the burn ond Me ked or the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOV	VN C	OUNTY	STATE
TTENDIN ortal or TOR: Aft for use or of Health		220.1 certify that (1) (this hespi	at like 19 2 19 2 19 2 19 2 19 2 19 2 19 2 19	and that in (my) (aux) apinian	death accurred an the da	te and haur and		that (I) (we) last causes stated
the base All DIRECtoched to Dept.		226. SIGNATURE	neel Levi	PEGREE ATTENDING PHYSICIAN I	MEDICAL STAF	F	24. DATE	SIGNED 14/86
O HOSPITA erained by TO FUNER should be d with the Sta		MANUEL L	EVIN M.D	120 ADDRESS 6/01 PK H573	1	TO MI	フル	1215
BP	230	BURIAL, CREMATION, REMOVAL	236 DATE 17, 86 M	NAME OF CEMETERY OR CREMATORY ORELAND MEM.	PARE VILL	E BA	20.0	a. MD
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 E	UNERAL DIRECTOR	OF MEMORIE	55, AARKVILLO	EB 18 BE 9380	256 REGISTRARIS	FIGNAT	UNE



1.	Items :	18-22a	3/21/86 p	EPARTMENT S	FATE OF	MARYLAND H AND MENTAL H	YGIENE	0 4	1	3 4	
198	STATE REGISTRAR		MED	ICAL EXAM	INER'S	CERTIFICATE G	F DEATH	REG. NO).		
177	ECEASED NAM	E FIRST		WIODIE		LAST	Ze. DATE	KNOWN X	MONTH	DAY YEAR	2b. HOUR
3 SE	IFE OR FRINT)	DANNY	LEE		I	ROWE	DEAT	ESTI-	2 1	19 8	6 N
3 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (1		NDER 1 YR. IF UNDER			MONTH	OAY YEAR	2d HOUR
, 1	Male	White	11 9		YRS.	HS DAYS HOURS	MIN PRONOI		2 1	1986	2:15
	OREIGN COUNTRY)	TATE OR	76 CITIZEN OF WHA	AT COUNTRY?	8 MARR	IED X NEVER MARRI	ED 9 BALTI	MORE CITY O	RCOUNTY	OF DEATH	
1	Marylan	d	USA			VED DIVORC		ltimore	City		MD
10.0	ITY OR TOWN	OF DEATH	11. NAME OF HOSP	ITAL, NURSING HO		HER INSTITUTION	12a. USUAL OCC	UPATION (TYPE	OF WORK 12	OR INDUS	
A	Baltim	ore		es Hospit	_		Truck I		1	Vewspar	
	AL RESIDENCE STATE	(IF IN NURSING HOME	OR OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADA		134 INSIDE CITY LIMITS?	13e STREET ADD				
	Marylan	d		Baltimo		YES X NO		arman A	venue	21230)
14.1	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDE		MIDDLE		LAST	
	Frenc			Rowe		Ella		May		Smith	
160	WAS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		211	220
	No			214-58-	8247	Ella M. S	kotarski	2143	Harmar	a Avent	ie
		F DEATH (Enter or	nly one couse per line f							APPROXIMAT BETWEEN ONS	
	TAKTIO		TE CAUSE (o)	Hypertr	ophic	cardiom	yopathy				
	C Pu	4		AS A CONSEQUEN	CE OF						
	gave ri	ns, if any, which se to immediate	(b)								
	tying cou	stating the <u>under</u> ese last.	DUE TO, OR A	S A CONSEQUEN	CE OF					20	
			(c)								
z	PART 2 UTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	IT NOT RELATED 10 THE	TERMINAL DISEAS	SE OR CONDITION GIVEN IN PAI	R1 1 (a				
CERTIFICATION	19a DATE OF	OPERATION	TISK CONDITI	ON FOR WHICH O	PERATION	VAS PEREOPMENS				2D AUTOPSY	(2)
FICA			173. CONDIT	O. I TON WINCITO	CHAIR OF V				- 192		
E E	210 EXTERNA	AL CAUSE WAS	216 TIME OF		21c H	OW INJURY OCCURRE	D JENTER NATURE OF	INJURY IN ITEM 18 P	ART) OR PART	YES X	NO L
	UNDERLYING	OR OR OF		MONTH DAY Y	EAR						
MEDICAL	21d. INJURY	CCHEPED	21e PLACE O	F INJURY (AT HOM		CATION		70.5			
M	WHILE D	NOT WHILE [STREET, FACTO	DRY, FARM, ETC)		STREET	CITY OR 1	OWN	COUN	TY	STATE
			(1)	4-11-1-1-1		asy X Inspection			. 13		
			ge of the remains descr			1	- 1		d in my apin	lian	
	death result	ea from: Natu	rol causes .	Accident L.,	Suicide	Homicide	Undetermined	nonner [],			
	ACTUAL SIGNATURE	1	Wedn	Ly		TITLE (SPECIFY) A.D. <u>Assistan</u>	+		DATE	2-2-8	6
7		\\\			^	I.U. TIDOTOCOLI	MEDIC AL EXA	MINER	SIGNED	2 2 0	5
	EXAMINER'S (TYPE OR PRI		n M. Dixon	, M.D.		ADDRESS 111	Penn St.	, Balto	., MD	2120	1
73a	BURIAL, CREMA	TION, REMOVAL	73b DATE	23c. NAME OF	CEMETERY C	OR CREMATORY	23d. LOCATION		COUNTY	y	STATE
	Bur		2/4/86	Meadow	ridge	Mem. Park	Elkride	ge H	oward	Mar	ryland
	FUNERAL DIREC		Home Inc.			75- DATE	REC'D. BY REGISTI	RAR 256 REGI	STP AP'S SIC	SNATURE ON	-
	Hubbard	Funeral	Home. Inc.	- 4107 W	Ikens	AVE. LE	D V 3 190	DUI	1		



052232	#	6 Film	G612 2	/24/86		NT OF HEAL		ENTAL HY	for the	0	4	13	5 5	
03.3400		REGISTRAR		M	EDICAL EX	AMINER'S	CERTIFIC	CATE OF	DEXTH	REG	. NO.			
		EASED NAME	FIRST		WIDDIE		LAST		2a. DAT		X MC	ONTH D	AY YEAR	2b. HOUR
2002			Beatr	ice	C.		Rowlett	t		TH MATED		2 1	L619 86	5 M
96±5E	3 SEX		RACE	S. DATE OF BIRT	H YEAR L	GE (IN YEARS IF	UNDER 1 YR.	IF UNDER 24		ATE DUNCED	MŌ	NTH D	AY YEAR	26. HOUR
N S S S S S S S S S S S S S S S S S S S	Fe	male	Black	4 05		0-77RS.	DAYS	HOURS		AD		2 1	16 19 86	10:05
SA THE S	7a. BIF	RTHPLACE (STA	ATE OR	76. CITIZEN OF	WHAT COUNTRY?	8 MA	RRIED NE	VER MARRIED	9 BAL	IMORE CIT	Y OR CO	DUNTY C	FDEATH	
- CARRES	_	x-More	. Va.	U.	S. A.		OWED X	DIVORCED		Balti	more	City	7,	MD
1 Contraction		TY OR TOWN (F DEATH	TT. NAME OF H	OSPITAL, NURSIN	G HOME, OR C	THER INSTITU	ITION II	20. USUAL OC	CUPATION	(TYPE OF W	ORK 12b	KIND OF B	USINESS
THE RESIDENCE		Baltim			Baker St					N. Nu	rse	Nu	ırsino	
Val a Major	USUA 13a, ST		IF IN NURSING HOME		, GIVE RESIDENCE BEFOR		1134 INSIDE C	TITY DIMITES IN	e STREET ADI					
E SAM COM		aryland	138 COOL		Baltim		YES X		Baltim					
B www.	14. FA	THER'S NAME		MIDDLE	1465		15. MOTH	ER'S MAIDEN		MIDDLE			tast	
EAT EST	1	Frank			arboroug	h	Ca	atherin	ne	MIDDEL		Cus	stiss	
ON DENGLISH	Téa. W	AS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFOR			003 ^A 988	ker			-1-11-
ALT ALT AND AL	(1)	No.	(IF TES, GIVE	WAR OR DATES!	217-0	1-0082D	Delor	res How	ard B	altimo	ore.	Mary	land	21217
NO N		18 CAUSE OF	DEATH (Enter or	ly ane cause per l	ine for (a), (b), one	d (c).)							APPROXIMA	
A PERSONAL PARTY AND PARTY	A.	PARTIDEA	TH WAS CAUSE	D BY: TE CAUSE (o)	Arterio	osclero	tic car	diovas	cular d	diseas	se			ET AIND DE AIT
2 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		V 100			OR AS A CONSEO	UENCE OF								
S ESANGE	5.5		s, if any, which											
W WENT W	1	couse (a) lying cous	stating the under-	DUE TO,	OR AS A CONSEO	UENCE OF				8 5-5	5 1 1			
S PAGEN	68	1		(c)										
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN ROED TO THE CHIEF MEDICAL EX E 3 SHOULD BE USED AS A BURN E DEFARMMENT OF HEALTH AND OI PRIOR TO BURNAL, CREMATION,	Z	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEA	ITH BUT NOT RELATED TO	O THE TERMINAL DIS	EASE OR CONDITIO	IN GIVEN IN PART 1	1 (a	M.F				
TAL RECO	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	T9b CON	DITION FOR WHIC	CH OPERATION	WAS PERFOR	RMED?				12	0 AUTOPS	43
R N N N N N N N N N N N N N N N N N N N	FIC	137.4		100								46	YES	NO X
WO BE ON BE	ERT	21a EXTERNA	CAUSE WAS	21b. TIME	OF INJURY	216	HOW INJURY	OCCURRED	ENTER NATURE O	F INJURY IN ITE	M 18 PART 1	OR PART 2)	162	NO IA
SIVISION OF VITA	ALC	UNDERLYING	OR CAUSE OF		A.M. MONTH DA'	Y YEAR								
ISIO NG SHC SHC SHC SHC SHC SHC SHC SHC SHC SHC	Dig:	21d INJURY O		21e PLAC	E OF INJURY (AL		LOCATION							
DIVISI THIS CER' WARDED PAGE 3 SI TATE DEP	W	WHILE AT WORK	NOT WHILE [STREET, F	ACTORY, FARM, ETC.)		STREET		CITY OF	TOWN		COUNTY		STATE
W = 0 .	-3	220. I certify	that Ltook charg	ge of the remains	des dibed above, h	eld an Au	lopsy .	Inspection [. Inqu	X X	and in r	ny opinio	n	
EXAMINER: CERTIFICATION OF THE CONTROL OF THE CONTR		death resulte	disponin Notu	ral causes X,	Agrident [, Sylcide	, Homi	cide .	Undetermined],			
EXAM DID BIRE WARY			1/1	. W	1	n ha.	TITLE (S	SPECIFY)						
A PLEASE		ACTUAL SIGNATURE	ralle	wolk	muy.	11/11/44	An Ass	istant	_MEDICAL EX	AMINER	D	ATE IGNED_	2/16	/86
NER SET	2	EXAMINER'S	IAAAE		(/									
TO MEDICAL EXECUTE THE COPAGE 4 SHOULD TO FUNERAL DAFTER DEATH, WATTR DEATH, WALTIMORE, M.	ide .	(TYPE OR PRIN	T)		Smyth,		ADDRESS_		enn St.		to.M	D		
522528	23a. BL	JRIAL, CREMAT	ION, REMOVAL			E OF CEMETER			23d. LOCATIO	N		COUNTY		STATE
07/84 BP				2/21/198		r Hill	Cemeter	y		E	Balti	more	, Mar	yland
DHMH - 17					ome, Inc		100		C'D. BY REGIS				ATURE	
(VR A15 ME (5))	250	JI Gwyni	ns Falls	Pkwy. B	altimore	, Md. 2	1216	FEB	1 8 198	6 July	a Nous	dans.	Randal	9



045134	1.	FOR - STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND	MENTAL HYG	0 0	O EG. NO.	4 1	1 3	Ó
AL			RST	MID	DIE	0 1	AST .		20. DATE OF DE.		H DAY	YEAR	26 HOUR
oy be	ITYP	Arphe	na	Jai	ne	K.	, do		B # 1	0=	2 08	5 86	Di20 8 M
Toy pod	3. SE		4 RA			5. DATE O	F BIRTH		6 AGE (IN YEARS	LAST BIRTHDAY)		NDER 1 YEAR	IF UNDER 24 HRS
office.	1	Female		White		нтиом	DAY	1919	66		YRS. MON	IHS DAYS	HOURS MIN.
2 32 101	7a. B	IRTHPLACE (STATE OR FORE	GN 76. C	ITIZEN OF WI	HAT COUNTI	nv2 0		MARRIED -	9. BALTIMORE			DEATH	
	F	ennsylvania		031	A	WIDOWE		MARKIED	1 Del	A Cit	4		MD
13/	10 C	ITY OR TOWN OF DEATH	Fr	NAME OF HO	SPITAL, NUF ACILITY, GIVE STI SCOTT	RSING HOME OF REET ADDRESS! Key Med	r other ins	enter	12a USUAL OCC		KING LIFE)	IZE KIND O	enk
N. Contraction	13a.	RESIDENCE (IF NURSING ISTATE 136	COUNTY Baltim	113	ve residence be BL CITY OR I Dundal	OWN	13d. INSIDE O	NO 🔀	13e.STREET ADD			Pund 21	dalk, Md 1222
1 11 000	JA E	ATHER'S NAME			1.467			S MAIDEN NA	ME				
ad w	V	Foster	COY		Wilson	sr.		Ída	Gerit	rude		Brown	i
es d co		WAS DECEASED EVER IN U		FORCES? 16		ECURITY NO.	17 INFORMA	ANT	BACK	ADDRESS			200
medi go	4	YES, NO OR UNKNOWN) (18	YES, GIVE WAR	ORDATES	212/16	/5944	Ernest	J. Rud	le (husba	and -	same		
equires that the death certificate in signed by the ottending physici. Then please remove corbanappear to buriol, cremotion, or removol.	NOIT	Conditions, if ony, wigove rise to immedicate to isolated underlying cause I	CAUSED BY: MEDIATE CA Inich oote the ost. CANT COND	DUE TO, OR A (c) DITIONS CON	AS A CONSE	OUENCE OF OUENCE OF TO DEATH BUT	NOT RELATED		1			IN PART TIC	
26 25 25	CERTIFICAT	190 DATE OF OPERATION	4	196 CONDITION	ON FOR WH	ICH OPERATION	N WAS PERFO	DRMED	YES NO			_	OF DEATH?
Siction 1		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	P.M.	MONTH	DAY YEAR			ED (ENTER NATURE	OF INJURY IN IT	EM 18 PART	OR PART 2)	
offending the the cook was a second to the cook with the c	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		218. PLACE OF		ICE, FARM, ETC }	211 LOCATION STREET		Cil	YORTOWN		COUNTY	STATE
by the hospito ERAL DIRECTO Read controlled for State Dept. of Health		22a. I certify that (I) (this sow the deceased a above, (I) (we) (did)	dive on (did not) view	w the body of	11	9 <u>8</u> , on	DEGREE	ATTENDING PHYSICIAN	, to, death occurred or MEDICAL DIRECTOR	STAFF	nd hour on		
TO HOSPITAL reformed by 41 TO FUNERAL should be det with the State		22d PHYSICIAN'S NAME	wes		<u> </u>		22e ADDRES	anus	Flas	Key	ned	Ilass	octre
BP		BURIAL, CREMATION, REA (SPECIFY) Cremation		6. DATE 2/12/19		Treen M		crematory	23d LOCATIO	NWC	Mary	land	21202 STATE
	24 F	UNERAL DIRECTOR		1 14/11	00 1	A COLL PA	- C1	25a DAT	E REC'D BY REGI	STRAR 254 R	EGISTBAR	S SIGNA	MRE
HMH - 16 50M 4/83 (VRA 15, 4)	W	alter Brooks	Bradl	ley Inc	Ball	to., Md	. 21222	2 7	B1 3 191	86 Jul	العالم	down	Or Break

STATE OF MARYLAND

STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Silia Davidson Bande

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		
	CEASED NAME FIRS	T M	IDDLE	(AST	20. DATE OF DEATH		AY YEAR	26 HOUR
(1464	E OR PRINTS	MARY	K.		RUSH	2	. 26	86	1235 M
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	
	Female	Whi		Feb.		88	YRS	ONIHS DAYS	HOURS MIN
	IRTHPLACE (514TE OR FOREIGH	76 CITIZEN OF V	VHAT COUNTRY?	8 MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	Virginia	US		WIDOWE	D DNORCED	BALTIMORE			MD.
	ATTTMORE	(IF NOT IN SUCH	OSPITAL, NURSIN FRACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF Libraria	WORKING LIFE	INDUSTRY	of Business or ch Prati
USU	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		1		L	ibrary
138	MD 13b C	OUNTY	Balto.		YES X NO	4 E. 32nd		21218	8
14. F/	ATHER'S NAME	MIDDLE	LAST		IS MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	ST.
	Josephus		Rush		Clara	Elizabe	eth		
	WAS DECEASED EVER IN U	S. ARMED FORCES?	16h SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
	No No	ES. GIVE WAR OR DATES)	218 07	9603	Joseph Rust	h, Birming	ham,	Alaba	ama
	18 CAUSE OF DEATH Ent	ter only one couse per	line for to 16 , one	die				APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS C.	AUSED BY EDIATE CAUSE (0)	CARDIO	PYLA	HOWARY AN	REST			
	1/4//4/0				7				
			AS A CONSEQUE	NCEOF					
-	Conditions, if any, which								
	couse (a), stoting th	DUE TO, OR	AS A CONSEQUE	NCE OF					
	underlying cause los	(c)			75.0				
	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	NTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	ITION GIVE	N IN PART 1	a
CERTIFICATION									
18	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI	
E						YES NOT	YES	ING CAUSES	NO T
W W	210 ACCIDENT WAS UNDERLYIN			Te de	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT OR PART 2)	
	OR CONTRIBUTING CAUSE	OF DEATH	A. MONTH DA						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXA	21e PLACE C		19	211 LOCATION				
ME	WHILE NOT WHILE I		ET FACTORY OFFICE F	ARM ETC }	STREET	CITY OR TO	MA	COUNTY	STATE
	AT WORK			-	A		-	0	
	22a I certify that (I) (this	7 17/	- (11	19 06	_, to	0	9.46	That (I) (we) last
	sow the deceased alive obove, (1) (we) (did) (did)		ofter deoth.	_G ar	nd that in (my) (our) opinion (deoth occurred on the do	te and hour	and from the	couses stated
	22b. SIGNATURE	001.	- 4		DEGREE			22c DATE	SIGNED
	Edward S	. Solgen	no m	N	ATTENDING PHYSICIAN	MEDICAL STAF		12/2	6/86
1	224 PHYSICIAN'S NAME (TYPE OR PRINTY			22e ADDRESS				
	EDWARD	B. UROL	GIANO						
						RIAL HOSPIT	AL.		
230. 1	BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d LOCATION	1-	COUNTY	VA STATE
	Burial	3/1/8	o Ma	assar	nutten Cemet	ery Woodst	ock,		VA

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT

A FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212

218 67 2003 Joseph Flush, Kirmingham, Alabama

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CAROLINAMENT AND COLORAD

(VRA 15, 4)

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2054	1-	FOR STATE REGISTRAI
200		OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6		0	4	1	4	1
	REG. NO.					,

	3 SEX	ALE	1	RACE WHITE		5. DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONIHS DA	
35)		RTHPLACE (STATE OR COUNTRY)	FOREIG 7	L.S.A		2 9	- 1- 11 DX NEVER MARRIED DIVORCED DIVORCED	BALTO	YRS. DUNTY OF DEATH City	
10	10. CI	TY OR TOWN OF DEA	/	1. NAME OF HO		ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR OWNER - E-Z	12b. KINE	of Business Ry iving S
30	13a S		The COUNT B	Y	Catonsv.		138 INSIDE CITY LIMITS?	ZII7 CEDAR C	IRCLE BALT	O MD 2
30	2	Joseph		Villiam	Ry		15 MOTHER'S MAIDEN NA	S. MIDDLE	Rea	ider
7		VAS DECEASED EVER VES. NO OR UNKNOWN) NO		WAR OR DATES!	218-12-		William Ala	n Ryan Catons		
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED IMMEDIATE	CAUSE (a)	Ca	ryca		<i>t</i>	01.177	ROXIMATE INTERVA EN ONSET AND DE
mac trauman		Canditians, if any gave rise to im- cause (a), static underlying cause	mediate ng the		AS A CONSPO	PENCE OF	(bilgleral	ant Diseas	noces)	
As any migry, or office fragilities	TIFICATION	gave rise to important cause (a), status underlying cause	nediate ng the last NIFICANT CO	DUE TO, OR IC) DINDITIONS CON S WE	AS A CONSPO NTRIBUTING TO COULD 10	DEATH BUT	(bilateral F nic Renal Nogrelated to the term	AINAL DISEASE OR CONDITION 1200 AUTOPSY? 1200		IDINGS USED
D S S S S S S S S S S S S S S S S S S S	ICAL CERTIFICATION	gave rise to improve to cause (a), stating underlying cause PART 2 OTHER SIGNATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER NOTIFY MEDITAL CAUSE)	mediate ng the last last last last last last last last	DUE TO, OR 10) DIDITIONS CON 196 CONDIT. 216 TIME OF HOUR A,M P.M	AS A CONSECUTIVE TO COULD TO THE WHICH THE WORLD TH	DEATH BUT	NOT RELATED TO THE TERM WAS PERFORMED 216 HOW INJURY OCCUP	AINAL DISEASE OR CONDITION 200 AUTOPSY? JOB IN	DN GIVEN IN PART b. IF YES, WERE FIN CERTIFYING CAUS YES	IDINGS USED SES OF DEATHS
l is morked of frem 18 spows any must be offered and the spows and the s	MEDICAL CERTIFICATION	gave rise to imicause (a), stating underlying cause (b), stating underlying cause (cause 19a DATE OF OPERA (cause 19a DAT	mediate and the angent the lost lost lost lost lost lost lost lost	DUE TO, OR IC) DIDITIONS CON SWE 196 CONDIT 216. TIME OF HOUR A.M P.M 21e. PLACE O (AT HOME STREE	AS A CONSECUTIVE TO THE STATE OF THE STATE O	DEATH BUT O DEATH BUT O DEATH OPERATIO DAY YEAR 19 FARM. ETC.)	DE LACE OF THE TERM OF RELATED TO THE TERM OF AUTOMATION WAS PERFORMED 211 LOCATION STREET 29 56	THE CHIER NATURE OF INJURY IN I	DN GIVEN IN PART B. IF YES, WERE FIN CERTIFYING CAUS YES ITEM 18 PART I OR PART COUNTY	DINGS USED SES OF DEATH? NO [] 21
ANI. If fem 21 is morked of fem 18 years are many contact and the fem 21 is morked of fem 18 years are many contact and the fem 21 is morked of fem 18 years are many contact and fem 21 is morked of fem 18 years are many contact and fem 21 is morked of fem 21 is mork		gave rise to imicause and cause of stating underlying cause of the state of operation of the state of the sta	MIFICANT CO PLY LU TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (this haspital did (did nat)	DUE TO, OR IC) DINDITIONS CON SUPC. 196 CONDIT. 216. TIME OF HOUR A,M P.M 216. PLACE O (AT HOME STREE	AS A CONSECUTIVE TO THE PROPERTY OF THE PROPER	DEATH BUT DEATH BUT DOPERATIO DAY YEAR 19 FARM, ETC)	DE LACE OF THE TERM OF THE TER	AUTOPSY? 200 AUTOPSY? YES NOTER NATURE OF INJURY IN I CITY OF TOWN death accurred an the date a MEDICAL STAFF DIRECTOR PHYSICIAN	DN GIVEN IN PART B. IF YES, WERE FIN CERTIFYING CAUS YES ITEM 18 PART I OR PART COUNTY 19 22c. DA	DINGS USED SES OF DEATH? NO [] 21
IMPORTANI, If them 21 is morked or frem 18 spows any many to other transmission of the property of the propert	MEDICAL	gave rise to imicause (a), statifunderlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY MEDI 21d. INJURY OCCUR 22a. I certify that (1) saw the decase above, (1) (we) (6)	mediate mag the mag th	DUE TO, OR IC) DNDITIONS CON SUFE 196 CONDIT. 216 TIME OF HOUR AND 216 PLACE O (AT HOME STREE OIL) attended the view the bady a	AS A CONSECUTION TO THE INJURY A MONTH IN INJURY ET FACTORY, OFFICE deceased from 19.	DEATH BUT O DEATH BUT O DEATH OPERATIO DAY YEAR 19 FARM. ETC.)	DE LOCATION STREET 211 LOCATION STREET 212 ADDRESS LOCATION 214 ADDRESS 216 ADDRESS 217 ADDRESS 218 ADDRESS 218 ADDRESS 218 ADDRESS 219 ADDRESS 210 ADDRESS 210 ADDRESS 210 ADDRESS 211 ADDRESS 212 ADDRESS 213 ADDRESS 214 ADDRESS 215 ADDRESS 216 ADDRESS 217 ADDRESS 218 ADD	THE CONTRACT TO THE PROPERTY OF THE PROPERTY O	DN GIVEN IN PART B. IF YES, WERE FIN CERTIFYING CAUS YES ITEM 18 PART I OR PART COUNTY 19 22c. DA	STAIL SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

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A Service County of the County ويروساها والمعارة والمتعاد والدائد يد Languar of Louising Jeilu P LAVERA OF YOURS POSPAGE

3331 Brehms Lane, Balto. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 17, Film 612 2/14/86 jab

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DHMH - 16 60M 7/84

(VRA 15, 4)

